

NEW HAMPSHIRE BUSINESS TAX FORMS

Includes: Business Profits Tax, Business
Enterprise Tax and Business Tax Summary

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PACKAGE X

**NEW HAMPSHIRE
DEPARTMENT OF REVENUE ADMINISTRATION
(603) 271-2191**



**e-file Department of Revenue Administration
to make your tax payments online.**

Visit us on the web at www.nh.gov/revenue

These tax forms may be photocopied for filing purposes

Forms may not be filed by fax

Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.

A Message From the Commissioner's Office...

Dear Taxpayer:

The New Hampshire Department of Revenue Administration (DRA) began to change during FY 2009. For the first time in many years the Department's divisions are now all housed in the same building; the DRA's new Commissioner comes from outside the Department bringing different perspective and expectations; and elected officials have awarded the Department with additional resources, most notably a \$7 million FY 2010-2011 capital appropriation to transition to more sophisticated systems for tax administration and policy development. This is an exciting time for the DRA that presents the staff with wonderful opportunities for improvement. Needless to say capitalizing on these opportunities will require overcoming cultural, technical and budget challenges both internal and external to the Department. The DRA has set ambitious goals and timetables to ensure that progress is made on a variety of fronts over the ensuing biennium. DRA management has tremendous confidence in our employees and we believe that together we can meet our goals resulting in improved service delivery in a timely manner.

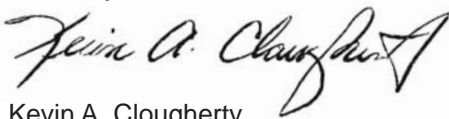
At the end of the first quarter of FY 2009, local, state, national and world economies fell sharply into a deep recession resulting in a twenty percent (20%) decline in state business tax revenues. The fiscal challenges resulting from the economic decline have forced all levels of government to reexamine their business practices to become more efficient while still fostering responsive service delivery. At DRA the emphasis is on changing from a "business-as-usual" approach to a technological and procedural best practices environment. To this end DRA staff had already begun examining forms, computer systems, and internal procedures in anticipation of the Department's physical relocation and consolidation into a new building, which actually occurred during FY 2009.

An Office of Legislative Budget Assistant's (OLBA) audit was completed and issued during the third quarter of FY 2009 that confirmed the Department's progress in making management improvements which will help provide a benchmark as further improvements are undertaken.

Also, the DRA is inviting input from elected and appointed officials, tax practitioners (i.e., lawyers and accountants) as well as associations and taxpayers to participate in the important changes being considered. This input is essential to making certain that tax systems implemented are fair and efficient.

In this regard, please take advantage of the opportunity to convey your thoughts about the forms, process and system used by the Department. Constructive criticism is welcome and we look forward to hearing your ideas.

Sincerely,



Kevin A. Clougherty
Commissioner

Offices located at 109 Pleasant St., Concord, NH 03301:

FORMS LINE	(603) 271-2192
CENTRAL TAXPAYER SERVICES	(603) 271-2191
TAXPAYER ADVOCATE	(603) 271-2191
ADMINISTRATION DIVISION	(603) 271-2318
AUDIT DIVISION	(603) 271-3400
COLLECTION DIVISION	(603) 271-2191
DISCOVERY BUREAU	(603) 271-8454
DOCUMENT PROCESSING DIVISION	(603) 271-1330
HEARINGS OFFICE	(603) 271-1304
MUNICIPAL SERVICES DIVISION	(603) 271-2191
PROPERTY APPRAISAL DIVISION	(603) 271-2191

Visit our website at www.nh.gov/revenue and find out more about:

- How to file electronically using e-file
- Information about TELEFILE
- Department contact information
- Property Tax Rates & Municipal Services Information
- Tax forms and instructions
- Updated tax information
- Legislative and Technical Bulletins

Call (603) 271-2191 from 8:00AM to 4:30PM to speak with a Department representative

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

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NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**PAYMENT FORM AND APPLICATION FOR 7 MONTH EXTENSION
 OF TIME TO FILE BUSINESS TAX RETURN**

FOR DRA USE ONLY

TO MAKE YOUR PAYMENT ONLINE ACCESS E-FILE AT
www.nh.gov/revenue

INSTRUCTIONS

AUTOMATIC EXTENSION

If you pay 100% of the Business Enterprise Tax and Business Profits Tax determined to be due, by the due date of the tax you will be granted an automatic 7-month extension to file your New Hampshire returns WITHOUT filing this form. If you meet this requirement, you may file your New Hampshire Business Enterprise Tax and Business Profits Tax return up to 7 months beyond the original due date. **Note that an extension of time to file your returns is not an extension of time to pay the tax.**

WHO MUST FILE

If you need to make an additional payment in order to have paid 100% of the tax determined to be due, you may e-file your payment, submit this form with payment or make an electronic payment by the original due date in order to be granted an extension of time to file your return. **Do not file if the total due is zero.**

E-FILE

Make 100% of your tax payment on-line and you will not have to file this form. Access our web site at www.nh.gov/revenue.

WHEN TO FILE

This form must be postmarked on or before the original due date of the return. Electronic payments must be made before midnight of the due date of the return.

WHERE TO FILE

NH DRA (New Hampshire Department of Revenue Administration),
 PO Box 637, Concord, NH 03302-0637.

REASONS FOR DENIAL

Applications for extension will be denied for reasons such as, but not limited to, the application was postmarked **after** the due date or the payment for 100% of the balance due shown on Line 5 below did not accompany this application or was not received electronically by the due date of the return.

NEED HELP?

Call Central Taxpayer Services at (603) 271-2191. Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964

100% OF TAX PAYMENT IS DUE ON OR BEFORE THE DUE DATE OF THE TAX	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE/CU PARTNER'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	CORPORATE, PARTNERSHIP, ESTATE, TRUST, NON-PROFIT OR LLC NAME		FEDERAL EMPLOYER IDENTIFICATION NUMBER
	NUMBER & STREET ADDRESS		DEPARTMENT IDENTIFICATION NUMBER
	ADDRESS (Continued)		If issued a DIN, DO NOT enter SSN or FEIN
	CITY/TOWN, STATE & ZIP CODE		
		PRINCIPAL BUSINESS ACTIVITY CODE (Federal)	

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
 Mo Day Year Mo Day Year

ENTITY TYPE Check one of the following:

☐ ① Proprietorship ☐ ② Corporation/Combined Group ☐ ③ Partnership ☐ ④ Fiduciary ☐ ⑤ Non-Profit Organization

TAX PAYMENT SCHEDULE. DO NOT FILE THIS FORM IF LINE 5 IS ZERO.

1 Enter 100% of the Business Enterprise Tax determined to be due (net of credit)..... 1

2 Enter 100% of the Business Profits Tax determined to be due (net of credit) 2

3 Subtotal (Line 1 plus Line 2)..... 3

4 LESS: Credit carried over from prior year and Total Advance Payments..... 4

5 BALANCE DUE: (If negative or zero, do not file this application) 5

FOR DRA USE ONLY

MAIL NH DRA
 TO: PO BOX 637
 CONCORD NH 03302-0637

**MAKE CHECK PAYABLE TO: STATE OF NEW HAMPSHIRE.
 ENCLOSE BUT DO NOT STAPLE OR TAPE YOUR PAYMENT TO
 THIS EXTENSION.**

BT-SUMMARYNEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS TAX SUMMARY

FOR DRA USE ONLY

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____

Mo Day Year

Mo Day Year

SEQUENCE # 1

STEP 1 Print or Type <input type="checkbox"/> Check box if there has been a name change since last filing	PROPRIETORSHIP - LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	PROPRIETORSHIP - SPOUSE/CU PARTNER'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	CORPORATE, PARTNERSHIP, ESTATE, TRUST, NON-PROFIT OR LLC NAME		FEDERAL EMPLOYER IDENTIFICATION NUMBER
	NUMBER & STREET ADDRESS		DEPARTMENT IDENTIFICATION NUMBER (DIN)
	ADDRESS (continued)		If required to use DIN, DO NOT enter SSN or FEIN
	CITY/TOWN, STATE & ZIP CODE		

STEP 2 Return Type and Federal Informa- tion	If yes to one or both of the following questions you must complete this BT-SUMMARY or your return will be considered incomplete and may be subject to penalties.			
	Are You Required To File A BET Return (Gross Business Receipts over \$150,000, or Enterprise Value Tax Base over \$75,000)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Are You Required To File A BPT Return (Gross Business Income Over \$50,000)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> ② CORPORATION <input type="checkbox"/> ③ PARTNERSHIP <input type="checkbox"/> ① PROPRIETORSHIP <input type="checkbox"/> AMENDED RETURN <input type="checkbox"/> ② COMBINED GROUP <input type="checkbox"/> ⑤ NON-PROFIT <input type="checkbox"/> ④ FIDUCIARY <input type="checkbox"/> FINAL RETURN			
	<input type="checkbox"/> Check here if the IRS has made any agreed or partially agreed to adjustments for any federal income tax return which has not been previously reported to New Hampshire. Enter years covered by IRS _____ DO NOT USE THIS FORM TO REPORT AN IRS ADJUSTMENT. See Step 2 instructions.			

STEP 3	COMPLETE THE BET AND/OR BPT RETURN(S) AND THEN THE BUSINESS TAX SUMMARY				
STEP 4 Figure Your Balance Due or Over- payment	1	(a) Business Enterprise Tax Net of Statutory Credits	1(a)		
		(b) Business Profits Tax Net of Statutory Credits	1 (b)	1	
	2	PAYMENTS:			
		(a) Tax paid with application for extension	2 (a)		
		(b) Total of this year's estimated tax payments	2 (b)		
		(c) Credit carryover from prior tax period	2 (c)		
		(d) Paid with original return (Amended returns only)	2 (d)	2	
	3	TAX DUE: (Line 1 minus Line 2)		3	
	4	ADDITIONS TO TAX:			
		(a) Interest (See instructions)	4(a)		
		(b) Failure to Pay (See instructions)	4(b)		
		(c) Failure to File (See instructions)	4(c)		
		(d) Underpayment of Estimated Tax (See instructions)	4(d)	4	
	5	(a) Subtotal of Amount Due (Line 3 plus Line 4)		5(a)	
		(b) Return Payment Made Electronically	5(b)		
	5	BALANCE DUE: Line 5(a) minus 5(b). Make your payment on-line at www.nh.gov/revenue or make check payable to: STATE OF NEW HAMPSHIRE. Enclose, but do not staple or tape your payment with this return.	PAY THIS AMOUNT →		5
	6	OVERPAYMENT: [Line 1 plus Line 4 minus Lines 2 and 5(b)]	6		
7	Apply overpayment amount on Line 6 to:				
	(a) Credit - Next Year's Tax Liability		7(a)		
	(b) Refund (Allow 12 weeks for processing)		7(b)		

THIS RETURN MUST BE ACCOMPANIED BY COMPLETE AND LEGIBLE COPIES OF THE APPROPRIATE FEDERAL FORMS AND SCHEDULES.

STEP 5	Under penalties of perjury, I declare that I have examined this summary and the attached returns, and to the best of my belief they are true, correct and complete. (If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.) If a combined group, I also certify that all affiliated companies are included in the appropriate group described in this return.			
	<input type="checkbox"/> POA: By checking this box and signing below, you authorize us to discuss this return with the preparer listed on this return.			
	X			
	Signature (in ink) and Title if Fiduciary		Date	Preparer's Tax Identification Number
	X			
	If joint return, BOTH parties must sign, even if only one had income		Date	Signature (in ink) of Paid Preparer
	<input type="checkbox"/> Filing as surviving spouse/CU Partner		Printed Name of Preparer	
	Print Signatory Name		Preparer's Address	
	MAIL NH DRA TO: PO BOX 637 CONCORD NH 03302-0637		Taxpayer's Telephone Number	
			City/Town, State & Zip Code	

BET CREDIT WORKSHEET

To calculate the BET Credit to be applied against this year's BPT liability, complete the following worksheet.

Taxable period ended Taxable period ended Taxable period ended Taxable period ended Taxable period ended

A. BET Credit
Carryforward Amount

B. Current Period BET
liability from Form BET,
Line 5

C. Expiring BET Credit
Carryforward
**See note below

D. BET Credit Available
(Sum of Lines A, B and C)

E. Current Period BPT
liability

F. BET Credit Deduction
this period (the lesser of Line D
or Line E)

G. Credit Carryforward
Amount (Line D minus
Line F)
Carry this amount forward and
indicate on Line A in subsequent
period.

*Note: The Line A amount in the first column is from Line G, the credit carryforward amount, of the previous year's BET CREDIT WORKSHEET. If this is your initial year of the BET, enter zero.

** Note: The BET credit may be carried forward and allowed against BPT taxes due for 5 taxable periods from the period in which the tax was paid. Any unused credit prior to the 5 most current tax periods expiring in this taxable period is unavailable and should be included in Line C.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**BUSINESS ENTERPRISE TAX RETURN FOR CORPORATIONS,
 COMBINED GROUPS, PARTNERSHIPS, FIDUCIARIES AND
 NON-PROFIT ORGANIZATIONS**

SEQUENCE # 2

YOU ARE REQUIRED TO FILE THIS RETURN IF THE GROSS BUSINESS RECEIPTS WERE
 GREATER THAN **\$150,000** OR THE ENTERPRISE VALUE TAX BASE WAS GREATER THAN **\$75,000**.

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
 Mo Day Year Mo Day Year

THIS RETURN MUST BE FILED WITH THE BT-SUMMARY.

STEP 1 Print or Type Name	CORPORATE, PARTNERSHIP, ESTATE, TRUST, NON-PROFIT OR LLC NAME		FEDERAL EMPLOYER IDENTIFICATION NUMBER OR DEPARTMENT IDENTIFICATION NUMBER		
If your business activities are conducted both inside and outside New Hampshire AND the business enterprise is subject to a business privilege tax, a net income tax, a franchise tax measured by net income, a capital stock tax, or other similar taxes, whether or not it is actually imposed by another state, or is subject to the jurisdiction of another state to impose a net income tax or capital stock tax upon it, then the business enterprise must apportion its enterprise value tax base. Complete Form BET-80 to determine the values for Lines 1, 2 and 3. Combined groups must complete Form BET-80-WE to determine the values for Lines 1, 2 and 3. If you need Form BET-80 or BET-80-WE it may be obtained from our web site at www.nh.gov/revenue or by calling (603) 271-2192.					
STEP 2 Compute the Tax- able Enterprise Value Tax Base	1 Dividends Paid	1			
2 Compensation and Wages Paid or Accrued	2				
3 Interest Paid or Accrued	3				
	4 Taxable Enterprise Value Tax Base (Sum of Lines 1, 2 and 3)		4		
STEP 3 Figure Your Tax	5 New Hampshire Business Enterprise Tax (Line 4 multiplied by .0075)		5		
	6 STATUTORY CREDITS	6(a)			
	(a) RSA 162-L:10. CDFA-Investment Tax Credit	6(b)			
	(b) RSA 162-N Community Reinvestment and Opportunity Credit Repealed for tax years ending on or after 7/01/07.	6(c)			
	(c) RSA 162-N. Economic Revitalization Zone Tax Credit. Effective for tax periods ending on or after 7/01/07 (see instructions).	6(d)			
	(d) RSA 162-P. Research & Development Tax Credit (unused portion, see instructions) Effective for tax periods ending on or after 9/07/07.	6(e)			
	(e) RSA 162-Q Coos County Job Creation Tax Credit	6(e)		6	
	7 Business Enterprise Tax Net of Statutory Credits (Line 5 minus Line 6. IF NEGATIVE, ENTER ZERO) ENTER THIS AMOUNT ON LINE 1(a) OF THE BT-SUMMARY.		7		

BET-PROPNEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PROPRIETORSHIP BUSINESS ENTERPRISE TAX RETURN

YOU ARE REQUIRED TO FILE THIS RETURN IF THE GROSS BUSINESS RECEIPTS WERE GREATER THAN \$150,000 OR THE ENTERPRISE VALUE TAX BASE WAS GREATER THAN \$75,000.

SEQUENCE # 2

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year**THIS RETURN MUST BE FILED WITH THE BT-SUMMARY.**

STEP 1 Print or Type Name	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE/CU PARTNER'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SINGLE MEMBER LIMITED LIABILITY COMPANY	DEPARTMENT IDENTIFICATION NUMBER	FEDERAL EMPLOYER IDENTIFICATION NUMBER

If your business activities are conducted both inside and outside New Hampshire AND the business enterprise is subject to a business privilege tax, a net income tax, a franchise tax measured by net income, a capital stock tax, or other similar taxes, whether or not it is actually imposed by another state, or is subject to the jurisdiction of another state to impose a net income tax or capital stock tax upon it, then the business enterprise must apportion its enterprise value tax base. Complete Form BET-80 to determine the values for Lines 1, 2 and 3. If you need Form BET-80, it may be obtained from our web site at www.nh.gov/revenue or by calling (603) 271-2192.

STEP 2 Compute the Taxable Enterprise Value Tax Base	COLUMN "A" -YOU-		COLUMN "B" -YOUR SPOUSE/CU PARTNER-	
	1 Dividends Paid	1		1
2 Compensation and Wages Paid or Accrued	2		2	
3 Interest Paid or Accrued	3		3	
4 Taxable Enterprise Value Tax Base (Sum of Lines 1, 2 and 3)	4		4	
STEP 3 Figure Your Tax	5(a) Business Enterprise Tax (Line 4 multiplied by .0075)	5(a)		5(a)
5 Enter the sum of Line 5(a), Columns A and B			5	
6 STATUTORY CREDITS (a) RSA 162-L:10. CDFA-Investment Tax Credit			6(a)	
(b) RSA 162-N Community Reinvestment and Opportunity Credit Repealed for tax periods ending on or after 7/01/07.			6(b)	
(c) RSA 162-N Economic Revitalization Zone Tax Credit. Effective for tax periods ending on or after 7/01/07.			6(c)	
(d) RSA 162-P Research & Development Tax Credit (see instructions) Effective for tax periods ending on or after 9/07/07.			6(d)	
(e) RSA 162-Q Coos County Job Creation Tax Credit			6(e)	
6 Enter the sum of Lines 6(a), 6(b), 6(c), 6(d), 6(e)			6	
7 Business Enterprise Tax Net or Statutory Credit (Line 5 minus Line 6. IF NEGATIVE, ENTER ZERO.) ENTER THIS AMOUNT ON LINE 1(a) OF THE BT-SUMMARY.			7	

**NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS ENTERPRISE TAX APPORTIONMENT**

For the CALENDAR year **2009** or other taxable period beginning

Mo Day Year

and ending

Mo Day Year

SEQUENCE # 3

NAME		FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER OR DEPARTMENT IDENTIFICATION NUMBER	
SECTION I—APPORTIONMENT FACTORS See General Instructions			
Compensation and Wages Factor	1 New Hampshire Compensation and Wages Paid or Accrued	1	
	2 Everywhere Compensation and Wages Paid or Accrued	2	
	3 COMPENSATION FACTOR (Line 1 divided by Line 2) Enter this amount on Line 21 below. Express to six decimal places	3	•
Interest Factor	4 Average of New Hampshire Property	4	
	5 Average of Everywhere Property	5	
	6 INTEREST FACTOR (Line 4 divided by Line 5) Enter this amount on Line 26 below. Express to six decimal places	6	•
Dividend Factor	7 New Hampshire Sales	7	
	8 Everywhere Sales	8	
	9 Sales Factor (Line 7 divided by Line 8). Express to six decimal places.	9	•
	10 Subtotal (Sum of Lines 3, 6 and 9)	10	•
	11 DIVIDEND FACTOR Enter Line 10 divided by the number of factors in the subtotal. Enter this amount on Line 15 below. Express to six decimal places.	11	•
SECTION II—BUSINESS ENTERPRISE TAX BASE APPORTIONMENT See General Instructions			
Dividend Apportionment	12 Dividends Paid	12	
	13 LESS: Dividend Deduction	13	
	14 Subtotal (Line 12 minus Line 13)	14	
	15 Dividend Apportionment Factor (From Line 11 above)	15	•
	16 Taxable Dividends (Line 14 multiplied by Line 15) (If negative, show in parenthesis)	16	
	17 TOTAL TAXABLE DIVIDENDS (From Line 16.) IF NEGATIVE, ENTER ZERO. Enter this amount on Line 1, Form BET or Form BET-PROP	17	
Compensation and Wages Apportionment	18 Everywhere Compensation and Wages Paid or Accrued	18	
	19 LESS: Retained Compensation	19	
	20 Subtotal (Line 18 minus Line 19)	20	
	21 Compensation Apportionment Factor (From Line 3 above)	21	•
	22 Taxable Compensation (Line 20 multiplied by Line 21)	22	
	23 LESS: Dividend Offset	23	
	24 TOTAL TAXABLE COMPENSATION (Line 22 minus Line 23) Enter this amount on Line 2, Form BET or Form BET-PROP	24	
Interest Apportionment	25 Interest Paid or Accrued	25	
	26 Interest Apportionment Factor (From Line 6 above)	26	•
	27 Taxable Interest (Line 25 multiplied by Line 26)	27	
	28 LESS: Dividend Offset	28	
	29 TOTAL TAXABLE INTEREST (Line 27 minus Line 28) Enter this amount on Line 3, Form BET or Form BET-PROP	29	

BET-80-WE**BUSINESS ENTERPRISE TAX APPORTIONMENT FOR INDIVIDUAL
NEXUS MEMBERS OF A COMBINED GROUP**For the CALENDAR year **2009** or other taxable period beginning _____ Mo Day Year and ending _____ Mo Day Year**SEQUENCE #3**

NAME OF PRINCIPAL NH BUSINESS ORGANIZATION _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER OR
DEPARTMENT IDENTIFICATION NUMBER

COLUMN A

COLUMN B

COLUMN C

Name:

Name:

Name:

SECTION I APPORTIONMENT FACTORS (See General Instructions)

FEIN

FEIN

FEIN

**Com-
pen-
sa-
tion
and
Wages
Factor**1 New Hampshire Compensation and
Wages Paid or Accrued

2 Everywhere Compensation

3 COMPENSATION FACTOR (Line 1 divided by Line 2)
Enter on Line 21

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**Interest
Factor**

4 Average of New Hampshire Property

5 Average of Everywhere Property

6 INTEREST FACTOR (Line 4 divided by Line 5)
Enter on Line 26

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**Dividend
Factor**

7 New Hampshire Sales

8 Everywhere Sales

9 Sales Factor (Line 7 divided by Line 8)

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10 Subtotal (Sum of Lines 3, 6 and 9)

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11 DIVIDEND FACTOR (Line 10 divided by number of
factors in subtotal) Enter on Line 15

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SECTION II BUSINESS ENTERPRISE TAX BASE APPORTIONMENT (See General Instructions)**Dividend
Appor-
tionment**

12 Dividends Paid

13 LESS: Dividend Deduction

14 Subtotal (Line 12 minus Line 13)

15 Dividend Apportionment Factor (From Line 11)

.

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16 Taxable Dividends (Line 14 multiplied by Line 15)

17 TOTAL TAXABLE DIVIDENDS (From Line 16.
If negative enter zero)

17(a) Sum of Columns 17(A), 17(B), and 17(C). Enter this amount on Form BET, Line 1: TOTAL 17(a)

**Com-
pen-
sa-
tion
and
Wages
Appor-
tionment**

18 Everywhere Compensation Paid or Accrued

19 LESS: Retained Compensation

20 Subtotal (Line 18 minus Line 19)

21 Compensation Apportionment Factor (From Line 3)

.

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22 Taxable Compensation (Line 20 multiplied by Line 21)

23 LESS: Dividend Offset

24 TOTAL TAXABLE COMPENSATION
(Line 22 minus Line 23)

24(a) Sum of Columns 24(A), 24(B) and 24(C). Enter this amount on Form BET, Line 2: TOTAL 24(a)

**Interest
Appor-
tionment**

25 Interest Paid or Accrued

26 Interest Apportionment Factor (From Line 6)

.

.

.

27 Taxable Interest (Line 25 multiplied by Line 26)

28 LESS: Dividend Offset

29 TOTAL TAXABLE INTEREST (Line 27 minus Line 28)

29(a) Sum of Columns 29(A), 29(B) and 29(C). Enter this amount on Form BET, Line 3: TOTAL 29(a)

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**SMALL BUSINESS CORPORATIONS ("S" Corp), PARTNERSHIP
 OR LIMITED LIABILITY COMPANY (LLC)
 INFORMATION REPORT**

**DO NOT
ATTACH TO
RETURN**

WHO MUST FILE

This report must be completed by every subchapter "S" corporation, partnership, or limited liability company (LLC), which has made actual or constructive distributions to its New Hampshire shareholders, partners or members during the year.

WHAT TO FILE

Actual distributions from "S" corporations, Partnerships, or Limited Liability Companies (LLCs) made to New Hampshire residents are taxable to the individual recipient under New Hampshire Interest & Dividends Tax law. "S" corporations, Partnerships, or Limited Liability Companies (LLCs) are required to use this form to report such distributions. Report any **actual distributions** from current year or prior year accumulated profits (as defined in RSA 77 and Rev 901). Do not report the shareholder's, partner's or member's proportionate share of the "S" corporation's, partnership's, or

LLC's income (loss) as shown on the individual or shareholder's, partner's, member's federal Schedule K-1.

WHEN TO FILE

This report is due annually on or before May 1st, after the end of the year. Provide a list of New Hampshire shareholders, partners or members during the preceding year together with the amount of dividends paid to each.

NEED HELP?

Call Central Taxpayer Services at (603) 271-2191. Individuals with hearing or speech impairments may call TDD Access: Relay NH, 1-800-735-2964.

NAME OF "S" CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY (LLC)

NUMBER & STREET ADDRESS

ADDRESS (continued)

CITY/TOWN, STATE & ZIP CODE

S-CORP

☐

PARTNERSHIP

☐

LLC

☐FEDERAL EMPLOYER IDENTIFICATION NUMBER OR
DEPARTMENT IDENTIFICATION NUMBER

FOR CALENDAR YEAR

**DO NOT FILE WITH BUSINESS RETURN.
MAIL UNDER SEPARATE COVER TO
ADDRESS BELOW.**

**Shareholder, Partner, Member Name and Address
(New Hampshire Residents ONLY)**

Social Security Number**Amount of Distribution**

SOCIAL SECURITY NUMBER

\$

SOCIAL SECURITY NUMBER

\$

SOCIAL SECURITY NUMBER

\$

SOCIAL SECURITY NUMBER

\$

If additional space is required, attach another sheet.

Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. (If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.)

FOR DRA USE ONLY

X

SIGNATURE (IN INK) OF OFFICER/PARTNER/MEMBER

PRINT SIGNATORY NAME & TITLE

DATE

MAIL TO:
NH DRA
AUDIT DIVISION
PO BOX 457
CONCORD NH 03302-0457

X

SIGNATURE (IN INK) OF PAID PREPARER OTHER THAN TAXPAYER

DATE

PRINT PREPARER'S NAME & TAX IDENTIFICATION NUMBER

PREPARER'S ADDRESS

CITY/TOWN STATE & ZIP CODE

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS PROFITS TAX APPORTIONMENT

Schedule A

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

SEQUENCE #5

NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER OR DEPARTMENT IDENTIFICATION NUMBER
------	------------------------------------------------------------------------------------------------------

	(a) Everywhere (Denominator)	(b) New Hampshire (Numerator)	(c) Sales/Receipts Factor
1 SALES/RECEIPTS FACTOR:	1(a) \$	1(b) \$	
1(c) Divide 1(b) by 1(a) and multiply by 2..... (Express as a decimal to 6 places)			1(c) .

	(a) Everywhere (Denominator)	(b) New Hampshire (Numerator)	(c) Payroll Factor
2 PAYROLL FACTOR:	2(a) \$	2(b) \$	
2(c) Divide 2(b) by 2(a)..... (Express as a decimal to 6 places)			2(c) .

	(a) Everywhere (Denominator)	(b) New Hampshire (Numerator)	
3 PROPERTY FACTOR:	Beginning of Period End of Period	Beginning of Period End of Period	
Inventory		Inventory	
Buildings		Buildings	
Furniture & Fixtures		Furniture & Fixtures	
Leasehold Improvements		Leasehold Improvements	
Land		Land	
Other Tangible Assets		Other Tangible Assets	
Subtotal	\$	Subtotal	\$
Average of Subtotals	\$	Average of Subtotals	\$
Rented Property (annual rate x 8)		Rented Property (annual rate x 8)	
Total Everywhere Property	3(a) \$	Total NEW HAMPSHIRE Property	3(b) \$

3(c) Divide 3(b) by 3(a)..... (Express as a decimal to 6 places) 3(c) .

4 TOTAL OF LINES 1(c), 2(c) and 3(c)..... 4 .

5 NEW HAMPSHIRE APPORTIONMENT: Line 4 divided by 4 and expressed as a decimal to 6 places..... 5 .
If there are only one or two factors with an "Everywhere" denominator, see instructions.

ADDITIONAL INFORMATION

Principal business activity in New Hampshire: _____

Business locations in New Hampshire - location of factories, sales offices, warehouses, etc. (Attach a list if more space is required)

Year first NH return filed: _____ Year registered with NH Secretary of State: _____ State of incorporation (2-letter ID): _____

City, State and Country where records are located

CITY/TOWN	STATE	COUNTRY
Business locations outside New Hampshire. (Attach a list if more space is required)		
Location City/Town and State	Indicate whether factory, sales office, warehouse, construction site, etc.	Answer Yes or No Registered to do business in state where located? Files returns in state where located? Apportion sales, payroll and/or property in state where located?

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS PROFITS TAX – SMALL BUSINESS CORPORATIONS
COMPUTATION OF “S” CORPORATION GROSS BUSINESS PROFITS

SEQUENCE # 9

INTENT

It is the primary intent of RSA 77-A:1, III(b) to equate the federally distinguished subchapter “S” corporations with regular corporations. No part of this form shall be construed as to allow a greater deduction from income or inclusion to income than would be allowable for regular “C” corporations. (Rev 302.01).

WHEN TO FILE

Form DP-120 must be filed with Form NH-1120.

WHO MUST FILE

Corporations which qualify for and file as Subchapter “S” corporations for federal income tax purposes pursuant to the Internal Revenue Code, as amended, are treated the same as corporations which file as regular “C” corporations for federal income tax purposes. All business organizations organized as Subchapter “S” corporations for federal income tax purposes, that have gross business income in excess of \$50,000 must file New Hampshire Form DP-120.

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
 Mo Day Year Mo Day Year

NAME

FEDERAL EMPLOYER IDENTIFICATION NUMBER

WERE ANY DISTRIBUTIONS MADE TO NEW HAMPSHIRE SHAREHOLDERS? Yes ☐ No ☐

If yes, then you are required to file Form DP-9 under separate cover on or before May 1st after the end of the calendar year, to report actual distributions to New Hampshire shareholders, pursuant to RSA 77:17-a.

1 Income and Deductions from Federal Form 1120S. SHOW ALL LOSSES IN PARENTHESIS, e.g. (\$50)

- (a) Ordinary income (loss) from trade or business activities..... 1(a)
- (Federal Form 1120S, Page 1, Line 21)
- (b) Net income (loss) from rental real estate activities..... 1(b)
- (c) Net income (loss) from other rental activities 1(c)
- (d) Income (loss) such as but not limited to 1(d)
 interest, dividend or royalty income
- (e) Capital gain on the sale of assets 1(e)
- (f) Net gain (loss) under section 1231 1(f)
 (include items and amounts required to be reported separately to shareholders)
- (g) Other income 1(g)
- (h) Other “S” Corporation expenses
 (Refer to Rev 302.01 for limitations)..... 1(h) ()
- (i) Total “S” Corporation income and deductions..... 1(i)

- 2 Other deductions not included in “S” Corporation return allowable to “C” Corporations under the Internal Revenue Code. (Attach supporting schedule) 2** ()
- 3 “S” Corporation Gross Business Profits (Loss)**
 [Combine Line 1(i) and Line 2.] Enter here and on Form NH-1120, page 1, Line 1 or if the bonus depreciation was taken enter on Line 1 of Schedule R 3

**NOL
WORKSHEET**
WORKSHEET FOR APPORTIONMENT OF NET OPERATING LOSS (NOL)

EFFECTIVE FOR TAXABLE PERIODS ENDING ON OR AFTER JULY 1, 2005 (SEE RSA 77-A:4,XIII)

LINE 1

Enter this period's NOL as defined in the United States Income Tax Regulations relative to IRC Section 172 in effect pursuant to RSA 77-A:4, XIII. If a gain or -0-, **DO NOT** use this worksheet. (Business organizations not qualifying for treatment as a Subchapter "C" Corporation under the IRC should calculate their NOL as if the business organization were a Subchapter "C" Corporation.)

LINE 2

Enter on Line 2 the current period's New Hampshire apportionment percentage from Form DP-80, Line 5, expressed to six decimal places.

LINE 3

Enter the amount of Line 1 multiplied by Line 2.

LINE 4

From July 1, 2005 and forward, \$1,000,000 is the maximum amount that may be carried forward.

LINE 5

Enter the lesser of Line 3 or Line 4. This is your New Hampshire NOL available from the current period for carryforward.

COMBINED FILERS: Rev 303.03(e) states with regard to NOLs for combined filers that each business organization subject to RSA 77-A shall treat its apportioned share of the combined loss amount as a tax attribute which remains with that business organization. The individual member's net operating loss, pursuant to RSA 77-A:4,XIII applied to the individual member's allocated portion of the BPT liability, should be tracked in the event of an individual member's disposition or acquisition.

1 The amount of the current period net operating loss (See tax type line reference below)..... 1

Proprietorship: Line 6 of NH-1040

Fiduciary: Line 6 of NH-1041

Partnership: Line 5 of NH-1065

Corporation: Line 1(c) of NH-1120

2 Current period apportionment percentage from Form DP-80, expressed to six decimal places.....2

3 Apportionment limitations (Line 1 multiplied by Line 2).....3

4 Statutory limitations (See instructions above)4

5 New Hampshire Net Operating Loss available for carryforward (the lesser amount of Line 3 or Line 4)5

DP-132**NET OPERATING LOSS (NOL) DEDUCTION**For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year**SEQUENCE # 7**

NAME _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER OR DEPARTMENT IDENTIFICATION NUMBER _____

COLUMN (A)

Ending date of taxable period in which NOL occurred.

COLUMN (B)

New Hampshire net operating loss available for carryforward from Net Operating Loss Worksheets.

COLUMN (C)

Amount of NOL carryforward which has been used in taxable periods prior to this taxable period.

COLUMN (D)

Amount of NOL to be used as a deduction in this taxable period.

COLUMN (E)

Amount of NOL to carryforward to future taxable period.

1				1			1			1			1			1		
2				2			2			2			2			2		
3				3			3			3			3			3		
4				4			4			4			4			4		
5				5			5			5			5			5		
6				6			6			6			6			6		
7				7			7			7			7			7		
8				8			8			8			8			8		
9				9			9			9			9			9		
10				10			10			10			10			10		

11 Amount of NOL carryforward deducted this taxable period.

(Sum of Column D, Lines 1-10)..... 11

This is the amount to be reported on the applicable Business Profits Tax return. **NOTE:** Column (B) less Column (C) should equal the sum of Column (D) plus Column (E). This amount cannot exceed the New Hampshire Adjusted Gross Business Profits before the NOL deduction.**WHEN TO USE FORM DP-132**

Use this form to detail the NOL carryforward amounts which comprise the current tax period NOL deduction taken on Form NH-1040, NH-1041, NH-1065 or NH-1120. This form must be attached to the New Hampshire tax return in the taxable period the NOL deduction is claimed. No loss amounts incurred before 7/1/97, shall contribute to the net operating loss deduction.

WHEN TO USE FORM DP-132-WEUse Form DP-132-WE to detail the NOL carryforward amounts which comprise the current taxable period NOL deduction taken on NH-1120-WE. **NOTE:** This worksheet is applicable on when the combined group members are the same in all taxable periods. See Rev. 303. If there are more than two New Hampshire nexus members of the combined group, attach additional Forms DP-132-WE.**NAME AND IDENTIFICATION NUMBER**

Enter name and SSN, FEIN, or DIN in the space provided. Social Security Numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever SSN's or FEIN's are required, taxpayers who have been issued a DIN, shall use their DIN only, and not SSN or FEIN.

Column (A)

Enter the month, day, and year of each taxable period from which the NOL is being carried forward.

Carry Forward

A net operating loss may be carried forward for the following number of years:

Tax Year ending

On or After
7/1/02Carryforward
10 yearsLosses Incurred
On or After 7/1/97**Column (B)**

Enter the amount of the NOL which is available for carryforward purposes.

For tax periods ending before July 1, 2005, the carryforward amount is computed by first carrying the loss back three years and then offsetting the loss by any profits during those three tax periods. (However, the carryback cannot result in an amended return or a refund in those carryback years).

Combined groups DP-132-WE: If there is more than one New Hampshire nexus member allocated in the combined group, then the carryback loss must be allocated in accordance with the New Hampshire Admin. Rules, Rev. 303.03 in existence for that tax period.

If a loss remains after carryback and offset, then the remaining loss must be apportioned using the apportionment percentage of the loss period. The apportioned loss cannot exceed the following limits based on the tax period the loss was incurred:

From July 1, 2003 to June 30, 2004, \$500,000 is the maximum amount that may be carried forward. From July 1, 2004 to June 30, 2005, \$750,000 is the maximum amount that may be carried forward. Prior to July 1, 2003, the maximum amount that may be carried forward is \$250,000 for each member of the combined group.

For tax periods ending on or after July 1, 2005, no carryback is required or allowed. In addition, the maximum amount that may be carried forward was increased to \$1,000,000.

Column (C)

Enter the NOL amount that was claimed as a deduction in the prior taxable period(s).

Column (D)

Enter only those amounts that will be claimed as a deduction this taxable period.

Column (E)

Enter the excess amount(s) available for future deduction.

N.H. Code of Admin. Rules, Rev. 303 of the New Hampshire Business Profits Tax includes guidance on how to compute the NOL. The RSA's and administrative rules regarding NOL provisions (RSA 77-A:4,XIII and Rev 303.03) may be obtained from our web site at www.nh.gov/revenue or by visiting any New Hampshire Depository Library or the New Hampshire State Library, 20 Park Street, Concord, NH 03301, where copies may be made for a fee.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
NET OPERATING LOSS (NOL) DEDUCTION FOR COMBINED GROUPS

See Form DP-132 for instructions.

SEQUENCE #7

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
 Mo Day Year Mo Day Year

PRINCIPAL NEW HAMPSHIRE BUSINESS ORGANIZATION

FEDERAL EMPLOYER IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER, OR
 DEPARTMENT IDENTIFICATION NUMBER

NEW HAMPSHIRE NEXUS MEMBERS

COLUMN (A) Ending date of tax year in which NOL occurred as calculated, per applicable statute and administrative rule.	COLUMN (B) NOL amount available for carryforward. See instructions for limitations.	COLUMN (C) Amount of NOL carry forward which has been used in taxable periods prior to this taxable period.	COLUMN (D) Amount of NOL to be used as a deduction in this taxable period.	COLUMN (E) Amount of NOL to carry forward to future taxable periods.
-----------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------	--------------------------------------------------------------------------------

NEXUS MEMBER NAME

FEDERAL EMPLOYER IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER, OR
 DEPARTMENT IDENTIFICATION NUMBER

Mo Day Yr

1				1				1				1				1			
2				2				2				2				2			
3				3				3				3				3			
4				4				4				4				4			
5				5				5				5				5			
6				6				6				6				6			
7				7				7				7				7			
8				8				8				8				8			
9				9				9				9				9			
10				10				10				10				10			

11 Amount of NOL carryforward deduction for this nexus member (total of Column D)..... 11

NEXUS MEMBER NAME

FEDERAL EMPLOYER IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER, OR
 DEPARTMENT IDENTIFICATION NUMBER

Mo Day Yr

1				1				1				1				1			
2				2				2				2				2			
3				3				3				3				3			
4				4				4				4				4			
5				5				5				5				5			
6				6				6				6				6			
7				7				7				7				7			
8				8				8				8				8			
9				9				9				9				9			
10				10				10				10				10			

11 Amount of NOL carryforward deduction for this nexus member (total of Column D)..... 11

12 Total of NOL carryforward deduction this taxable period..... 12
 (Sum of each nexus members Line 11)

This is the amount to be reported on NH-1120-WE.

NOTE: Column (B) less Column (C) should equal the sum of Column (D) plus Column (E). Use additional Forms DP-132-WE if you have NOL carryforward deduction(s) from more than two entities.

SCHEDULE OF BUSINESS PROFITS TAX CREDITS

RSA 77-A:5

SEQUENCE # 8

CREDIT FOR TAXES PAID UNDER RSA 400-A

A business organization which is also subject to the tax imposed under a creditable tax shall be allowed a credit against its Business Profits Tax liability for the Insurance Premium tax liability paid on the related return for the prescribed due date that falls **within** its taxable period for Business Profits Tax purposes. If the taxable period for the Business Profits Tax is different from that for the creditable taxes, then the business organization shall be allowed the credit for the taxable period that ends within the tax period for Business Profits Tax purposes.

For example, a Business Profits Tax calendar year 2007 filer would be allowed a credit for the total creditable tax liability paid on the 2006 return due in March 2007.

WHEN TO USE

Use this Form DP-160 to report credits taken pursuant to RSA 77-A:5, RSA 162-L, RSA 162-N, RSA 162-P and RSA 162-Q.

NAME & IDENTIFICATION NUMBERS

In the spaces provided on this Schedule, enter the beginning and ending dates of the taxable period if different from the calendar year. PRINT the taxpayer's name, Social Security Number (SSN), Federal Employer Identification Number (FEIN), or Department Identification Number (DIN) in the spaces provided.

Social Security Numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever SSN's or FEIN's are required, taxpayers who have been issued a DIN, shall use their DIN only, and not SSN or FEIN.

LINE 1

Enter the total amount of taxes paid pursuant to RSA 400-A, Taxation of Insurance Companies.

LINE 2**CDFA-Investment Tax Credit, per RSA 162-L and RSA 77 A:5, XI.**

2(a) Credit for this tax period\$ _____
 2(b) Credit from prior tax period\$ _____
 2(c) **Subtotal** of Lines 2(a) and 2(b).\$ _____
 Not to exceed \$1,000,000*\$ _____
 2(d) Minus CDFA-Investment Tax Credits utilized against the taxes imposed by RSA 400-A and/or RSA 77-E\$ _____
 2(e) **Total** credit available against Business Profits Tax liability\$ _____
 Enter on Line 2 below.

*** If any portion of the CDFA-Investment Tax Credit is claimed on Line 6 of the BET return, or claimed as a credit against the New Hampshire Insurance Premium Tax, then the combined total of the CDFA credit shall not exceed \$1,000,000.**

LINE 3

Economic Revitalization Zone (ERZ) Tax Credit. The ERZ may be utilized as a credit against BET or BPT. The ERZ Credits applied first against BPT shall not be available as a credit against BET. ERZ Credit applied first against BET shall be considered BET paid and available as a credit against BPT only to the extent it is a credit against BET. The NH Department of Resources and Economic Development (DRED) awards the ERZ Credit pursuant to RSA 162-N.

LINE 4

Research & Development Tax Credit enter the amount of credit awarded by the Department with taxpayer's application (Form DP-165) pursuant to RSA 162-P and RSA 77-A:5, XIII.

LINE 5

Coos County Job Creation Tax Credit enter the excess amount not taken as a BET Credit (DRED Form CJCTC-1A) as authorized by Department of Resources & Economic Development (DRED) pursuant to RSA 162-Q.

LINE 6

Enter the sum of Lines 1, 2, 3, 4, and 5.

LINE 7

Enter the amount of New Hampshire Business Profits Tax as computed on Form NH-1120, Form NH-1065, Form NH-1041 or Form NH-1040.

LINE 8

Enter the lesser amount of Line 6 or Line 7. This is the total amount of statutory credits allowed under RSA 77-A:5. Enter this amount on the line "CREDITS ALLOWED UNDER RSA 77-A:5" on your New Hampshire Business Profits Tax return.

For the CALENDAR year **2009** or other taxable period beginning

and ending

Mo Day Year

Mo Day Year

NAME

FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER OR DEPARTMENT IDENTIFICATION NUMBER

1	Taxes paid pursuant to RSA 400-A Taxation of Insurance Companies.....	1		
	(This is net of BET if BET was taken as a credit against RSA 400-A)			
2	CDFA - Investment Tax Credit (RSA 162-L).....	2		
3	Economic Revitalization Zone Tax Credit. (RSA 162-N).....	3		
4	Research & Development Tax Credit (RSA 162-P).....	4		
5	Coos County Job Creation Tax Credit (RSA 162-Q).....	5		
6	Total credits allowable pursuant to RSA 77-A:5 (Enter the sum of Lines 1 through 5).....	6		
7	Total New Hampshire Business Profits Tax	7		
8	Total amount of allowable credits (Enter the lesser of Line 6 or Line 7).....	8		

Total amount of these credits shall not exceed the tax due under RSA 77-A.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**SCHEDULE OF BUSINESS PROFITS TAX CREDITS FOR
 COMBINED GROUPS**

SEQUENCE # 8

APPLICATION OF CREDITS

Credits claimed on Lines 1 through 3 shall apply against the Business Profits Tax liability of the individual member of the water's edge combined group. Rev 306 provides the calculation to determine the individual member's portion of the total tax liability based on each member's activity inside New Hampshire.

SEPARATE SCHEDULES

A separate schedule **must** be filed with Form DP-160-WE when a combined filer claims any credit on Lines 1 through 4 AND more than one member of the combined group is subject to the Business Profits Tax. This separate schedule must show the Rev 306 calculation and application of the credit.

CREDITS FOR TAXES PAID UNDER RSA 400-A

A business organization which is also subject to the tax imposed under a creditable tax shall be allowed a credit against its Business Profits Tax Liability or Insurance Premium tax liability paid on the related return for the prescribed due date that falls **within** its taxable period for Business Profits Tax purposes. If the taxable period for the Business Profits Tax is different from that for the creditable taxes, the business organization shall be allowed the credit for the taxable period that ends within the taxable period for Business Profits Tax purposes.

For example, a Business Profits Tax calendar year 2007 filer would be allowed a credit for the total creditable tax liability paid on the 2006 return due in March 2007.

EXCESS CREDITS FOR TAXES PAID UNDER RSA 400-A

For taxes paid under RSA 400-A, if the individual member's credit exceeds such member's portion of the total tax liability using the Rev 306 calculation, then the excess credit shall be allowed as a credit against any other member's tax liability provided such other member is also subject to the tax imposed by RSA 400-A.

WHEN TO USE

Use this Form DP-160-WE Schedule to report credits taken pursuant to RSA 77-A:5, RSA 162-L, RSA 162-N, RSA 162-P and RSA 162-Q.

INSTRUCTIONS**LINE 1**

Enter the total amount of taxes paid pursuant to RSA 400-A, Taxation of Insurance Companies.

LINE 2 CDFA-INVESTMENT TAX CREDIT, PER RSA 162-L & RSA 77A:5, XI.

2(a) Credit for this tax period \$ _____
 2(b) Credit from prior tax period \$ _____
 2(c) **Subtotal** of Lines 2(a) and 2(b). \$ _____
 Not to exceed \$1,000,000* \$ _____
 2(d) Minus CDFA-Investment Tax Credits utilized against the taxes imposed by RSA 400-A and/or RSA 77-E.. \$ _____
 2(e) **Total** credit available against Business Profits Tax liability \$ _____
 Enter on Line 2 below.

*** If any portion of the CDFA-Investment Tax Credit is claimed on Line 6 of the BET return, or claimed as a credit against the New Hampshire Insurance Premium Tax, then the combined total of the CDFA credit shall not exceed \$1,000,000.**

LINE 3

Economic Revitalization Zone (ERZ) Tax Credit. The ERZ may be utilized as a credit against BET or BPT. The ERZ Credits applied first against BPT shall not be available as a credit against BET. ERZ Credit applied first against BET shall be considered BET paid and available as a credit against BPT only to the extent it is a credit against BET. The NH Department of Resources and Economic Development (DRED) awards the ERZ Credit pursuant to RSA 162-N.

LINE 4

Research & Development Tax Credit enter the amount of credit awarded by the Department with taxpayer's application (Form DP-165) pursuant to RSA 162-P and RSA 77-A:5, XIII.

LINE 5

Coos County Job Creation Tax Credit enter the excess amount not taken as a BET Credit (DRED Form CJCTC-1A) as authorized by Department of Resources & Economic Development (DRED) pursuant to RSA 162-Q.

LINE 6

Enter the sum of Lines 1, 2, 3, 4, and 5.

LINE 7

Enter the amount of New Hampshire Business Profits Tax as computed on Form NH-1120, Form NH-1065, Form NH-1041 or Form NH-1040.

LINE 8

Enter the lesser amount of Line 6 **or** Line 7. This is the total amount of statutory credits allowed under RSA 77-A:5. Enter this amount on the line "CREDITS ALLOWED UNDER RSA 77-A:5" on your New Hampshire Business Profits Tax return.

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
 Mo Day Year Mo Day Year

NAME	FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER OR DEPARTMENT IDENTIFICATION NUMBER
------	---------------------------------------------------------------------------------------------

1	Taxes paid pursuant to RSA 400-A Taxation of Insurance Companies.....	1		
(This is net of BET if BET was taken as a credit against RSA 400-A)				
2	CDFA - Investment Tax Credit (RSA 162-L).....	2		
3	Economic Revitalization Zone Tax Credit. (RSA 162-N).....	3		
4	Research & Development Tax Credit (RSA 162-P).....	4		
5	Coos County Job Creation Tax Credit (RSA 162-Q).....	5		
6	Total credits allowable pursuant to RSA 77-A:5 (Enter the sum of Lines 1 through 5).....	6		
7	Total New Hampshire Business Profits Tax	7		
8	Total amount of allowable credits (Enter the lesser of Line 6 or Line 7).....	8		

Total amount of these credits shall not exceed the tax due under RSA 77-A.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PROPRIETORSHIP BUSINESS PROFITS TAX RETURNFor the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

SEQUENCE # 4A

Due date for CALENDAR year is on or before **April 15, 2010** or the 15th day of the 4th month after the close of the taxable period.**YOU ARE REQUIRED TO FILE THIS FORM IF GROSS BUSINESS INCOME WAS GREATER THAN \$50,000.**

STEP 1 Print or Type	PROPRIETOR LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE/CU PARTNER'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	LIMITED LIABILITY COMPANY	DEPARTMENT IDENTIFICATION NUMBER	FEDERAL EMPLOYER IDENTIFICATION NUMBER

STEP 2 Figure Your Tax	CU Partners/Spouses may NOT combine net results of separately held business organizations.				SCH R IRC RECONCILIATION	COLUMN A Proprietor Income	COLUMN B Spouse/CU Partner's Income
1	NET PROFIT (LOSS) FROM BUSINESS (From Federal Schedule C).....				1		
2	RENTAL INCOME (LOSS)						
	(a) Income (Loss) From Rental Activity (From Federal Schedule E).....				2(a)		
	(b) Net Farm Rental Profit (Loss) (Federal Form 4835, Line 32).....				2(b)		
	(c) TOTAL				2(c)		
3	NET FARM PROFIT (LOSS) (From Federal Schedule F).....				3		
4	NET GAIN (LOSS) FROM SALE OF ASSETS HELD FOR USE IN BUSINESS, FARMING AND/OR RENTAL PURPOSES (See instructions) Attach schedule if additional space is needed.						
	(1) Description of Property	(2) Gain or Loss	(3) Accumulated Passive Loss	(4) Total Column 2 + 3	(5) Total Attributed To Proprietor	(6) Total Attributed To Spouse/CU Partner	
	(a) _____						
	(b) _____						
	(c) TOTAL						
5	INSTALLMENT GAIN (LOSS) (Federal Form 6252) (See instructions) Attach schedule if additional space is needed.						
	(1) Date of Original Sale Mo Day Year	(2) Gain or Loss	(3) Accumulated Passive Loss	(4) Total Column 2 + 3	(5) Total Attributed To Proprietor	(6) Total Attributed To Spouse/CU Partner	
	(a) _____						
	(b) _____						
	(c) TOTAL						
6	Gross Business Profits [Combine Lines 1, 2(c), 3, 4(c), and 5(c)]				6		
7	New Hampshire Net Operating Loss Deduction (Attach Form DP-132).....				7		
8	Compensation for Personal Services (See worksheet and instructions)				8		
9	Other Additions and Deductions per RSA 77-A:4 (If negative, show in parenthesis.)				9		
10	Adjusted Gross Business Profits				10		
	(Combine Line 6 through Line 9. If negative, show in parenthesis.)						
11	New Hampshire Apportionment (Form DP-80, Line 5. Express as a decimal to 6 places.).....				11		
	Interstate Proprietorships must apportion income—See DP-80 instructions.						
12	New Hampshire Taxable Business Profits (Line 10 x Line 11. If negative, enter zero.).....				12		
13	New Hampshire Business Profits Tax (Line 12 x 8.5%)				13		
STEP 3 Figure Your Credits	14 Credits: allowed under RSA 77-A:5 as shown on Form DP-160				14		
	15 Subtotal (Line 13 minus Line 14)				15		
	16 Business Enterprise Tax Credit (See instructions).....				16		
	17 Business Enterprise Tax Credit to be applied against Business Profits Tax (Enter the lesser of Line 15 or Line 16. See instructions)				17		
	18 (a) New Hampshire Business Profits Tax Net of Statutory Credits (Line 15 minus Line 17) ..				18(a)		
	(b) New Hampshire Business Profits Tax Net of Statutory Credits (Sum of Line 18(a), Columns A and B.).....				18(b)		

ENTER THE AMOUNT FROM LINE 18(b) ON LINE 1(b) OF THE BT-SUMMARY.

THIS RETURN MUST BE FILED WITH THE BT-SUMMARY AND ALL APPLICABLE FEDERAL SCHEDULES.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PROPRIETORSHIP BUSINESS PROFITS TAX
PERSONAL COMPENSATION DEDUCTION WORKSHEET

FOR TAXABLE PERIOD		THROUGH
PROPRIETORSHIP NAME OF BUSINESS		FEDERAL EMPLOYER IDENTIFICATION NUMBER DEPARTMENT IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER
PROPRIETOR NAME		

1 Personal Compensation Deduction attributed to Proprietor (Enter on Line 8, Form NH-1040) 1 \$

2 Approximate number of hours devoted to Proprietorship affairs during period 2

3 Approximate number of hours devoted to other organizations during period..... 3

4 Did Proprietor perform services for which another business organization paid (or will pay) salaries/wages?..... 4 YES ☐ NO ☐

Return on Non-Owner Employees and Business Assets

5 Number of employees 5

6 Return on non-owner employees 6 \$
 (used in determining the personal compensation deduction, as required by RSA 77-A:4, III (a))

7 Fair market value of all Proprietorship assets (tangible and intangible)..... 7 \$

8 Return on business assets 8 \$
 (used in determining the personal compensation deduction, as required by RSA 77-A:4, III (a))

Use the worksheet below to calculate the maximum deduction allowable under RSA 77-A:4, III. Note that, even if the maximum allowable deduction is greater than the value of fair and reasonable compensation for the personal services of the proprietor actually devoting time and effort in the operation of the business organization, only the lower amount can be taken as a deduction on the return.

COMPUTATION OF MAXIMUM COMPENSATION DEDUCTION

9 Net profit or loss (Federal Form 1040, Schedule C)..... 9

10 Net farm profit or loss (Federal Form 1040, Schedule F)..... 10

11 Net income from rental properties (Federal Form 1040, Schedule E, and Federal Form 4835)..... 11

12 Commission for services actually performed by the proprietor in brokering the sale of the business organization's assets (Maximum commission not to exceed 15% of sales price shown on Federal Forms 4797 and 6252, and Federal Form 1040, Schedule D, reduced by any brokerage fee paid to other parties) .. 12

13 Maximum allowable compensation deduction (Sum of Lines 9 through 12) 13

ESTIMATED PROPRIETORSHIP BUSINESS TAX**TO MAKE YOUR PAYMENTS ONLINE, ACCESS OUR WEB SITE AT www.nh.gov/revenue**

		BET(a)	BPT(b)
1	ESTIMATED TAX BASE AND/OR GROSS BUSINESS PROFITS		
a	BET Taxable Base After Apportionment.....		
b	New Hampshire Taxable Business Profits After Apportionment.....		
2	TAX		
a	Line 1(a) x .0075.....		
b	Line 1(b) x .085.....		
3	CREDITS		
a	RSA 162-L:10 (CDFA Investment Tax Credit).....		
b	RSA 162-N CROP Carryforwards (Community Reinvestment Opportunity Program).....		
c	RSA 162-N (Economic Revitalization Zone Tax Credit).....		
d	RSA 162-P (Research & Development Tax Credit)		
e	RSA 162-Q (Coos County Job Creation Tax Credit).....		
f	RSA 77-A:5 (Be sure to include the BET Credit).....		
3	CREDITS TOTAL [sum of Lines 3(a) - 3(f)].....		
4	Estimated tax for current year (Line 2 minus Line 3).....		
5	Overpayment from previous taxable period.....		
6	Balance of Business Taxes Due (Line 4 minus Line 5).....		

COMPUTATION and RECORD of PAYMENTS

Date Paid	BET	Amount of each Installment (1/4 of Line 6 above)	BPT	Total Due (BET and/or BPT)	CALENDAR YEAR DUE DATES
1.....	\$.....	\$.....	\$.....	\$.....	April 15, 2010
2.....	\$.....	\$.....	\$.....	\$.....	June 15, 2010
3.....	\$.....	\$.....	\$.....	\$.....	Sept. 15, 2010
4.....	\$.....	\$.....	\$.....	\$.....	Dec. 15, 2010

ESTIMATE TAX FORM INSTRUCTIONS

- Line 1 Enter ¼ of the Business Enterprise Tax calculated on Line 6 BET(a) in the tax worksheet above.
 Line 2 Enter ¼ of the Business Profits Tax calculated on Line 6 BPT(b) in the tax worksheet above.
 Line 3 Enter the TOTAL payment sum of Lines 1 and 2.

IMPORTANT:**THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET***(Cut along this line and keep the Estimated Tax Worksheet above for your records)***ESTIMATED PROPRIETORSHIP BUSINESS TAX - 2010**

If issued a DIN, do not use SSN or FEIN

For the CALENDAR year **2010** or other taxable period beginning _____ and ending _____

PRINT OR TYPE

Mo Day Year

Mo Day Year

FOR DRA USE ONLY

FOR DRA USE ONLY	PROPRIETOR'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE/CU PARTNER'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	LIMITED LIABILITY COMPANY	FEDERAL EMPLOYER IDENTIFICATION NUMBER	
	NUMBER AND STREET ADDRESS	DEPARTMENT IDENTIFICATION NUMBER	
	ADDRESS (continued)		
	CITY/TOWN, STATE & ZIP CODE	1/4 BET 1	\$
		1/4 BPT 2	\$
		Amount of This Payment 3	\$

MAIL NH DRA
 TO: PO BOX 637
 CONCORD NH 03302-0637

Make checks payable to: **STATE OF NEW HAMPSHIRE**. Enclose, but do not staple or tape your payment to this estimate. Do not file a \$0 estimate.

Amount of This Payment

FORM

NH-1040-ES

732

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX - 2010

If issued a DIN, do not use SSN or FEIN

FOR DRA USE ONLY

For the CALENDAR year **2010** or other taxable period beginning _____ and ending _____

PRINT OR TYPE

Mo Day Year

Mo Day Year

PROPRIETOR'S LAST NAME

FIRST NAME & INITIAL

SOCIAL SECURITY NUMBER

SPOUSE/CU PARTNER'S LAST NAME

FIRST NAME & INITIAL

SOCIAL SECURITY NUMBER

FOR DRA USE ONLY

LIMITED LIABILITY COMPANY

FEDERAL EMPLOYER IDENTIFICATION NUMBER

NUMBER AND STREET ADDRESS

DEPARTMENT IDENTIFICATION NUMBER

ADDRESS (continued)

¼ BET 1

\$

CITY/TOWN, STATE & ZIP CODE

¼ BPT 2

\$

MAIL NH DRA
TO: PO BOX 637
CONCORD NH 03302-0637

Amount of This Payment 3

\$

Make checks payable to: **STATE OF NEW HAMPSHIRE.**
Enclose, but do not staple or tape your payment to this
estimate. Do not file a \$0 estimate.NH-1040-ES
Rev 09/2009

(Cut along this line)

FORM

NH-1040-ES

732

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX - 2010

If issued a DIN, do not use SSN or FEIN

For the CALENDAR year **2010** or other taxable period beginning _____ and ending _____

PRINT OR TYPE

Mo Day Year

Mo Day Year

FOR DRA USE ONLY

PROPRIETOR'S LAST NAME

FIRST NAME & INITIAL

SOCIAL SECURITY NUMBER

SPOUSE/CU PARTNER'S LAST NAME

FIRST NAME & INITIAL

SOCIAL SECURITY NUMBER

FOR DRA USE ONLY

LIMITED LIABILITY COMPANY

FEDERAL EMPLOYER IDENTIFICATION NUMBER

NUMBER AND STREET ADDRESS

DEPARTMENT IDENTIFICATION NUMBER

ADDRESS (continued)

¼ BET 1

\$

CITY/TOWN, STATE & ZIP CODE

¼ BPT 2

\$

MAIL NH DRA
TO: PO BOX 637
CONCORD NH 03302-0637

Amount of This Payment 3

\$

Make checks payable to: **STATE OF NEW HAMPSHIRE.**
Enclose, but do not staple or tape your payment to this
estimate. Do not file a \$0 estimate.NH-1040-ES
Rev 09/2009

(Cut along this line)

FORM

NH-1040-ES

732

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX - 2010

If issued a DIN, do not use SSN or FEIN

For the CALENDAR year **2010** or other taxable period beginning _____ and ending _____

PRINT OR TYPE

Mo Day Year

Mo Day Year

FOR DRA USE ONLY

PROPRIETOR'S LAST NAME

FIRST NAME & INITIAL

SOCIAL SECURITY NUMBER

SPOUSE/CU PARTNER'S LAST NAME

FIRST NAME & INITIAL

SOCIAL SECURITY NUMBER

FOR DRA USE ONLY

LIMITED LIABILITY COMPANY

FEDERAL EMPLOYER IDENTIFICATION NUMBER

NUMBER AND STREET ADDRESS

DEPARTMENT IDENTIFICATION NUMBER

ADDRESS (continued)

¼ BET 1

\$

CITY/TOWN, STATE & ZIP CODE

¼ BPT 2

\$

MAIL NH DRA
TO: PO BOX 637
CONCORD NH 03302-0637

Amount of This Payment 3

\$

Make checks payable to: **STATE OF NEW HAMPSHIRE.**
Enclose, but do not staple or tape your payment to this
estimate. Do not file a \$0 estimate.NH-1040-ES
Rev 09/2009

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
FIDUCIARY BUSINESS PROFITS TAX RETURNFor the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

SEQUENCE #4A

Due date for CALENDAR year filers is on or before **April 15, 2010** or the 15th day of the 4th month after the close of the taxable period.**YOU ARE REQUIRED TO FILE THIS FORM IF GROSS BUSINESS INCOME WAS GREATER THAN \$50,000.**

STEP 1 Print or Type	NAME OF ESTATE OR TRUST	FEDERAL EMPLOYER IDENTIFICATION NUMBER
STEP 2 Figure Your Tax	1 INCOME	
	(a) Gross receipts or sales..... 1(a)	
	(b) Less returns and allowances.. 1(b)	
	(c) Subtotal [Line 1(a) minus Line 1(b)]..... 1(c)	
	(d) Cost of goods sold and/or operations (Attach schedule)..... 1(d)	
	(e) Gross profit [Line 1(c) minus Line 1(d)]..... 1(e)	
	(f) Gross rents..... 1(f)	
	(g) Other income and Schedule R Line 2(e) adjustments (attach schedules)... 1(g)	
	(h) TOTAL INCOME [Combine Lines 1(e) through 1(g)]..... 1(h)	
	2 DEDUCTIONS	
	(a) Fiduciary fees as actually paid.. 2(a)	
	(b) Salaries and wages..... 2(b)	
	(c) Repairs..... 2(c)	
	(d) Bad debts..... 2(d)	
	(e) Rental expenses..... 2(e)	
(f) Taxes..... 2(f)		
(g) Interest..... 2(g)		
(h) Contributions..... 2(h)		
(i) Depreciation..... 2(i)		
(j) Travel/entertainment expenses..... 2(j)		
(k) Advertising..... 2(k)		
(l) Other deductions and Sch R Line 3(c) adjustments (Attach schedule)... 2(l)		
(m) TOTAL DEDUCTIONS [Combine Lines 2(a) through 2(l)]..... 2(m)		
3 NET GAIN (LOSS) FROM SALE OF ASSETS. Federal Form 4797 or Schedule D. Attach schedule if additional space is needed.		
Description of Property		
(a)	Gain (Loss)	
(b)		
(c) TOTAL GAIN (LOSS) FROM SALE OF ASSETS [Combine Lines 3(a) and 3(b)]..... 3(c)		
4 INSTALLMENT GAIN (LOSS). Federal Form 6252. Attach schedule if additional space is needed.		
Date of Original Sale	Description of Property	Gain (Loss)
Mo Day Year		
(a)		4(a)
(b)		4(b)
(c) TOTAL GAIN (LOSS) FROM SALE OF ASSETS [Combine Lines 4(a) and 4(b)]..... 4(c)		
5 Separate entity and other items of income and expense not allowed on this form (attach schedule). 5		
6 GROSS BUSINESS PROFITS (Line 1(h) adjusted by Lines 2(m), 3(c), 4(c) and 5. See instructions) 6		
7 NEW HAMPSHIRE ADDITIONS AND DEDUCTIONS		
(a) Add back income taxes or franchise taxes measured by income..... 7(a)		
(b) New Hampshire Net Operating Loss Deduction (Attach Form DP-132)..... 7(b)		
(c) Interest on direct US obligations..... 7(c)		
(d) Add the amount of the increase in the basis of assets which was due to the sale or exchange of interest in the trust (RSA 77-A:4,XIV)..... 7(d)		
(e) Interest and dividends subject to tax under RSA 77 7(e)		
(f) Other additions and deductions required by RSA 77-A:4 (Attach schedule) 7(f)		
(g) TOTAL ADDITIONS AND DEDUCTIONS [Combine Lines 7(a) through 7 (f)] 7(g)		
8 Adjusted Gross Business Profits (Line 6 adjusted by Line 7(g). If negative, show in parenthesis) 8		
9 New Hampshire Apportionment (Form DP-80, Line 5. Express as a decimal to 6 places.)..... 9		
10 New Hampshire Taxable Business Profits (Line 8 x Line 9. If negative, enter 0.)..... 10		
11 New Hampshire Business Profits Tax (Line 10 x 8.5%)..... 11		
STEP 3 Figure Your Credits	12 Credits allowed under RSA 77-A:5 as shown on Form DP-160 12	
	13 Subtotal (Line 11 minus Line 12)..... 13	
	14 Business Enterprise Tax Credit (See instructions) 14	
	15 Business Enterprise Tax Credit to be applied against Business Profits Tax (Enter the lesser of Line 13 or Line 14. See instructions)..... 15	
	16 New Hampshire Business Profits Tax Net of Statutory Credits (Line 13 minus Line 15) 16	

ENTER THE AMOUNT FROM LINE 16 ON LINE 1(b) OF THE BT-SUMMARY.

THIS MUST BE FILED WITH THE BT-SUMMARY AND ALL APPLICABLE FEDERAL SCHEDULES.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED FIDUCIARY BUSINESS TAX**TO MAKE YOUR PAYMENTS ONLINE, ACCESS OUR WEB SITE AT www.nh.gov/revenue**

1	ESTIMATED TAX BASE AND/OR GROSS BUSINESS PROFITS	BET(a)	BPT(b)
a	BET Taxable Base After Apportionment.....		
b	New Hampshire Taxable Business Profits After Apportionment.....		
2	TAX		
a	Line 1(a) x .0075.....		
b	Line 1(b) x .085.....		
3	CREDITS		
a	RSA 162-L:10 (CDFA Investment Tax Credit).....		
b	RSA 162-N CROP Carryforwards (Community Reinvestment Opportunity Program).....		
c	RSA 162-N (Economic Revitalization Zone Tax Credit).....		
d	RSA 162-P (Research & Development Tax Credit)		
e	RSA 162-Q (Coos County Job Creation Tax Credit).....		
f	RSA 77-A:5 (Be sure to include the BET Credit).....		
3	CREDITS TOTAL [sum of Lines 3(a) - 3(f)].....		
4	Estimated tax for current year (Line 2 minus Line 3).....		
5	Overpayment from previous taxable period.....		
6	Balance of Business Taxes Due (Line 4 minus Line 5).....		

COMPUTATION and RECORD of PAYMENTS

Date Paid	BET	Amount of each Installment (1/4 of Line 6 of worksheet)	BPT	Total Due (BET and/or BPT)	CALENDAR YEAR DUE DATES
1.....	\$.....	\$.....	\$.....	\$.....	April 15, 2010
2.....	\$.....	\$.....	\$.....	\$.....	June 15, 2010
3.....	\$.....	\$.....	\$.....	\$.....	Sept. 15, 2010
4.....	\$.....	\$.....	\$.....	\$.....	Dec. 15, 2010

ESTIMATED TAX FORM INSTRUCTIONS

- Line 1 Enter ¼ of the Business Enterprise Tax calculated on Line 6 BET(a) in the tax worksheet above.
 Line 2 Enter ¼ of the Business Profits Tax calculated on Line 6 BPT(b) in the tax worksheet above.
 Line 3 Enter the TOTAL payment sum of Lines 1 and 2.

IMPORTANT:**THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET.***(Cut along this line and keep the Estimated Tax Worksheet above for your records.)*NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED FIDUCIARY BUSINESS TAX - 2010

FOR DRA USE ONLY

For the CALENDAR year **2010** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

PRINT OR TYPE

FOR DRA USE ONLY	NAME OF ESTATE OR TRUST	FEDERAL EMPLOYER IDENTIFICATION NUMBER	
	NUMBER AND STREET ADDRESS		
	ADDRESS (continued)	¼ BET 1	\$
	CITY/TOWN, STATE & ZIP CODE	¼ BPT 2	\$
		Amount of This Payment 3	\$

MAIL NH DRA
 TO: PO BOX 637
 CONCORD NH 03302-0637

Make checks payable to: **STATE OF NEW HAMPSHIRE.**
 Enclose, but do not staple or tape your payment to this estimate. Do not file a \$0 estimate.

FORM

NH-1041-ES

722

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED FIDUCIARY BUSINESS TAX - 2010

FOR DRA USE ONLY

For the CALENDAR year **2010** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

PRINT OR TYPE

FOR DRA USE ONLY

NAME OF ESTATE OR TRUST

FEDERAL EMPLOYER IDENTIFICATION NUMBER

NUMBER AND STREET ADDRESS

ADDRESS (continued)

CITY/TOWN, STATE & ZIP CODE

¼ BET 1 \$

¼ BPT 2 \$

Amount of This Payment 3 \$

MAIL NH DRA
TO: PO BOX 637
CONCORD NH 03302-0637Make checks payable to: **STATE OF NEW HAMPSHIRE**
Enclose, but do not staple or tape your payment to this
estimate. Do not file a \$0 estimate.NH-1041-ES
Rev 09/2009

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FORM

NH-1041-ES

722

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED FIDUCIARY BUSINESS TAX - 2010

FOR DRA USE ONLY

For the CALENDAR year **2010** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

PRINT OR TYPE

FOR DRA USE ONLY

NAME OF ESTATE OR TRUST

FEDERAL EMPLOYER IDENTIFICATION NUMBER

NUMBER AND STREET ADDRESS

ADDRESS (continued)

CITY/TOWN, STATE & ZIP CODE

¼ BET 1 \$

¼ BPT 2 \$

Amount of This Payment 3 \$

MAIL NH DRA
TO: PO BOX 637
CONCORD NH 03302-0637Make checks payable to: **STATE OF NEW HAMPSHIRE**
Enclose, but do not staple or tape your payment to this
estimate. Do not file a \$0 estimate.NH-1041-ES
Rev 09/2009

(Cut along this line)

FORM

NH-1041-ES

722

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED FIDUCIARY BUSINESS TAX - 2010

FOR DRA USE ONLY

For the CALENDAR year **2010** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

PRINT OR TYPE

FOR DRA USE ONLY

NAME OF ESTATE OR TRUST

FEDERAL EMPLOYER IDENTIFICATION NUMBER

NUMBER AND STREET ADDRESS

ADDRESS (continued)

CITY/TOWN, STATE & ZIP CODE

¼ BET 1 \$

¼ BPT 2 \$

Amount of This Payment 3 \$

MAIL NH DRA
TO: PO BOX 637
CONCORD NH 03302-0637Make checks payable to: **STATE OF NEW HAMPSHIRE**
Enclose, but do not staple or tape your payment to this
estimate. Do not file a \$0 estimate.NH-1041-ES
Rev 09/2009

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PARTNERSHIP BUSINESS PROFITS TAX RETURNFor the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

SEQUENCE #4A

Due date for CALENDAR year filers is on or before **April 15, 2010** or the 15th day of the 4th month after the close of the taxable period.WERE ANY DISTRIBUTIONS MADE TO NEW HAMPSHIRE PARTNERS? Yes ☐ No ☐

If yes, then you are required to file Form DP-9 under separate cover on or before May 1st after the end of the calendar year, to report actual distributions to New Hampshire partners.

YOU ARE REQUIRED TO FILE THIS FORM IF GROSS BUSINESS INCOME WAS GREATER THAN \$50,000.

STEP 1 Print or Type	NAME OF PARTNERSHIP OR LLC	FEDERAL EMPLOYER IDENTIFICATION NUMBER OR DEPARTMENT IDENTIFICATION NUMBER
STEP 2 Figure Your Tax	1 INCOME AND DEDUCTIONS (See instructions)	
	SCH R IRC RECONCILIATION	
	(a) Ordinary income (loss) from trade or business activities	1(a)
	(b) Net income (loss) from rental real estate activities	1(b)
	(c) Net income (loss) from other rental activities.....	1(c)
	(d) Income (loss)	1(d)
	(e) Guaranteed payments to partners	1(e)
	(f) Other income or (loss) from partnership activities NOT INCLUDED in Lines 1(a) through 1(e) above.....	1(f)
	(g) Partnership deductions from Federal Form 1065, Schedule K,	1(g)
	(h) TOTAL [Combine Lines 1(a) through 1(g)].....	1(h)
	2 NET GAIN (LOSS) FROM SALE OF ASSETS (See instructions) Attach schedule if additional space is needed.	
	Description of Property	Gain (Loss)
	(a)	
	(b)	
	(c) TOTAL GAIN (LOSS) FROM SALE OF ASSETS [Combine Lines 2(a) and 2(b)].....	2(c)
	3 INSTALLMENT GAIN (LOSS) Attach schedule if additional space is needed.	
	Date of Original Sale	Description of Property
	Mo Day Year	Gain (Loss)
	(a)	
	(b)	
(c) TOTAL INSTALLMENT GAIN (LOSS) [Combine Lines 3(a) and 3(b)]	3(c)	
	4 Separate entity and other items of income and expense not allowed on this form (attach schedule) ..4	
	5 GROSS BUSINESS PROFITS Line 1(h) adjusted by Lines 2(c), 3(c) and 4. (See instructions)..... 5	
	6 NEW HAMPSHIRE ADDITIONS AND DEDUCTIONS (See worksheet and instructions)	
	(a) Add back income taxes or franchise taxes measured by income	6(a)
	(b) New Hampshire Net Operating Loss Deduction (Attach Form DP-132)	6(b)
	(c) Interest on direct US obligations	6(c)
	(d) Wage adjustment required by IRC Section 280C	6(d)
	(e) Add back expenses related to income exempt under federal constitutional law.	6(e)
	(f) Add the amount of increase in the basis of assets which was due to the sale or exchange of interest in the partnership (RSA 77-A:4, XIV)	6(f)
	(g) Interest and dividends subject to tax under RSA 77 (repealed for taxable periods ending on or after 12/31/09)	
(h) Add back return of capital received from a Qualified Investment Capital Company	6(h)	
(i) Compensation deduction for personal services (See instructions)	6(i)	
(j) Other additions and deductions required by RSA 77-A:4 (Attach schedule)	6(j)	
(k) TOTAL ADDITIONS AND DEDUCTIONS [Combine Lines 6(a) through 6(j)].....	6(k)	
7 Adjusted Gross Business Profits Line 5 adjusted by Line 6(k). [If negative, show in parenthesis eg.(50)].....	7	
8 New Hampshire Apportionment (Form DP-80, Line 5. Express as a decimal to 6 places)	8	
9 New Hampshire Taxable Business Profits (Line 7 x Line 8)	9	
10 New Hampshire Business Profits Tax (Line 9 x 8.5%).....	10	
STEP 3 Figure Your Credits	11 Credits allowed under RSA 77-A:5 as shown on Form DP-160	11
	12 Subtotal (Line 10 minus Line 11)	12
	13 New Hampshire Business Enterprise Tax Credit (See instructions)	13
	14 New Hampshire Business Enterprise Tax Credit to be applied against Business Profits Tax (Enter the lesser of Line 12 or Line 13. See instructions)	14
	15 New Hampshire Business Profits Tax Net of Statutory Credits (Line 12 minus Line 14).....	15

ENTER THE AMOUNT FROM LINE 15 ON LINE 1(b) OF THE BUSINESS TAX SUMMARY.

THIS RETURN MUST BE FILED WITH THE BT-SUMMARY AND ALL APPLICABLE FEDERAL SCHEDULES.

PART-COMP

Worksheet

**PARTNERSHIP BUSINESS PROFITS TAX
PERSONAL COMPENSATION DEDUCTION WORKSHEET**

FOR TAXABLE PERIOD	THROUGH
PARTNERSHIP/LLC NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER DEPARTMENT IDENTIFICATION NUMBER

PARTNER/MEMBER (Natural Persons only)	Personal Compensation Deduction Attributed to Partner/Member	Indicate Ownership Interest GP, LP, or LLC Member	% Ownership		Approximate Number of Hours Devoted to Partnership/ LLC Affairs During Period	Approximate Number of Hours Devoted to Other Orga- nizations During Period.	Did Partner/LLC Member Perform Services for Which Another Business Org Paid (or will pay) Salaries/Wages?
			Beg Period	End Period			

Example:

Smith, Joe	\$ 150,000.00	GP	50%	50%	500	500	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>

Brought forward from add'l pages:

TOTAL: (Enter on Line 6(i), Form NH-1065)

Return on Non-Owner Employees and Business Assets

- 1 Number of employees 1
- 2 Return on non-owner employees 2 \$
(used in determining the personal compensation deduction as required by RSA 77-A:4, III (a))
- 3 Fair market value of all Partnership assets (tangible and intangible)..... 3 \$
- 4 Return on business assets..... 4 \$
(used in determining the personal compensation deduction, as required by RSA 77-A-4, III(a))

Use the worksheet below to calculate the maximum deduction allowable under RSA 77-A:4, III. Note that, even if the maximum allowable deduction is greater than the value of fair and reasonable compensation for the personal services of the partner actually devoting time and effort in the operation of the business organization, only the lower amount can be taken as a deduction on the return.

COMPUTATION OF MAXIMUM COMPENSATION DEDUCTION

- 5 Ordinary income or loss from trade or business activities (Federal Form 1065, Schedule K-1) 5
- 6 Guaranteed payments to a partner or member (Federal Form 1065, Schedule K-1) 6
- 7 Net income from rental properties (Federal Form 4835 and Federal Form 8825) 7
- 8 Commission for services actually performed by partner or LLC member in brokering the sale of the business organization's assets. (Maximum commission not to exceed 15% of sales price shown on Federal Forms 4797 and 6252, and Federal Form 1065, Schedule D, reduced by any brokerage fee paid to other parties) 8
- 9 Maximum allowable compensation deduction (Sum of Lines 5 through 9) 9

ESTIMATED PARTNERSHIP BUSINESS TAX**TO MAKE YOUR PAYMENTS ONLINE, ACCESS OUR WEB SITE AT www.nh.gov/revenue**

		BET(a)	BPT(b)
1	ESTIMATED TAX BASE AND/OR GROSS BUSINESS PROFITS		
a	BET Taxable Base After Apportionment.....		
b	New Hampshire Taxable Business Profits After Apportionment.....		
2	TAX		
a	Line 1(a) x .0075.....		
b	Line 1(b) x .085.....		
3	CREDITS		
a	RSA 162-L:10 (CDFA Investment Tax Credit).....		
b	RSA 162-N CROP Carryforwards (Community Reinvestment Opportunity Program).....		
c	RSA 162-N (Economic Revitalization Zone Tax Credit).....		
d	RSA 162-P (Research & Development Tax Credit)		
e	RSA 162-Q (Coos County Job Creation Tax Credit).....		
f	RSA 77-A:5 (Be sure to include the BET Credit).....		
3	CREDITS TOTAL [sum of Lines 3(a) - 3(f)].....		
4	Estimated tax for current year (Line 2 minus Line 3).....		
5	Overpayment from previous taxable period.....		
6	Balance of Business Taxes Due (Line 4 minus Line 5).....		

COMPUTATION and RECORD of PAYMENTS

Date Paid	BET	Amount of each Installment (1/4 of Line 6 of worksheet)	BPT	Total Due (BET and/or BPT)	CALENDAR YEAR DUE DATES
1.....	\$.....	\$.....		\$.....	April 15, 2010
2.....	\$.....	\$.....		\$.....	June 15, 2010
3.....	\$.....	\$.....		\$.....	Sept. 15, 2010
4.....	\$.....	\$.....		\$.....	Dec. 15, 2010

ESTIMATED TAX FORM INSTRUCTIONS

- Line 1 Enter ¼ of the Business Enterprise Tax calculated on Line 6 BET(a) in the tax worksheet above.
 Line 2 Enter ¼ of the Business Profits Tax calculated on Line 6 BPT(b) in the tax worksheet above.
 Line 3 Enter the TOTAL payment sum of Lines 1 and 2.

IMPORTANT:**THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET.***(Cut along this line and keep the Estimated Tax Worksheet above for your records)***ESTIMATED PARTNERSHIP BUSINESS TAX - 2010**For the CALENDAR year **2010** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

FOR DRA USE ONLY

PRINT OR TYPE

NAME OF PARTNERSHIP

FEDERAL EMPLOYER IDENTIFICATION NUMBER

LIMITED LIABILITY COMPANY

DEPARTMENT IDENTIFICATION NUMBER

FOR DRA USE ONLY

NUMBER AND STREET ADDRESS

If issued a DIN, DO NOT USE FEIN

ADDRESS (continued)

¼ BET 1 \$

CITY/TOWN, STATE & ZIP CODE

¼ BPT 2 \$

MAIL NH DRA
TO: PO BOX 637
CONCORD NH 03302-0637

Amount of This Payment 3 \$

Make checks payable to: **STATE OF NEW HAMPSHIRE**
 Enclose, but do not staple or tape your payment to
 this estimate. Do not file a \$0 estimate.

FORM

NH-1065-ES

712

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PARTNERSHIP BUSINESS TAX - 2010For the CALENDAR year **2010** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

FOR DRA USE ONLY

PRINT OR TYPE

NAME OF PARTNERSHIP	FEDERAL EMPLOYER IDENTIFICATION NUMBER
LIMITED LIABILITY COMPANY	DEPARTMENT IDENTIFICATION NUMBER
NUMBER AND STREET ADDRESS	If issued a DIN, DO NOT USE FEIN
ADDRESS (continued)	1/4 BET 1 \$
CITY/TOWN, STATE & ZIP CODE	1/4 BPT 2 \$
	Amount of This Payment 3 \$

FOR DRA USE ONLY

MAIL NH DRA
TO: PO BOX 637
CONCORD NH 03302-0637

Make checks payable to: **STATE OF NEW HAMPSHIRE**
Enclose, but do not staple or tape your payment to
this estimate. Do not file a \$0 estimate.

NH-1065-ES
Rev 09/2009

(Cut along this line)

FORM

NH-1065-ES

712

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PARTNERSHIP BUSINESS TAX - 2010For the CALENDAR year **2010** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

FOR DRA USE ONLY

PRINT OR TYPE

NAME OF PARTNERSHIP	FEDERAL EMPLOYER IDENTIFICATION NUMBER
LIMITED LIABILITY COMPANY	DEPARTMENT IDENTIFICATION NUMBER
NUMBER AND STREET ADDRESS	If issued a DIN, DO NOT USE FEIN
ADDRESS (continued)	1/4 BET 1 \$
CITY/TOWN, STATE & ZIP CODE	1/4 BPT 2 \$
	Amount of This Payment 3 \$

FOR DRA USE ONLY

MAIL NH DRA
TO: PO BOX 637
CONCORD NH 03302-0637

Make checks payable to: **STATE OF NEW HAMPSHIRE**
Enclose, but do not staple or tape your payment to
this estimate. Do not file a \$0 estimate.

NH-1065-ES
Rev 09/2009

(Cut along this line)

FORM

NH-1065-ES

712

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PARTNERSHIP BUSINESS TAX - 2010For the CALENDAR year **2010** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

FOR DRA USE ONLY

PRINT OR TYPE

NAME OF PARTNERSHIP	FEDERAL EMPLOYER IDENTIFICATION NUMBER
LIMITED LIABILITY COMPANY	DEPARTMENT IDENTIFICATION NUMBER
NUMBER AND STREET ADDRESS	If issued a DIN, DO NOT USE FEIN
ADDRESS (continued)	1/4 BET 1 \$
CITY/TOWN, STATE & ZIP CODE	1/4 BPT 2 \$
	Amount of This Payment 3 \$

FOR DRA USE ONLY

MAIL NH DRA
TO: PO BOX 637
CONCORD NH 03302-0637

Make checks payable to: **STATE OF NEW HAMPSHIRE**
Enclose, but do not staple or tape your payment to
this estimate. Do not file a \$0 estimate.

NH-1065-ES
Rev 09/2009

Schedule R

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS PROFITS TAX RECONCILIATION OF NEW HAMPSHIRE
GROSS BUSINESS PROFITS SCHEDULE R
FOR CORPORATE, NON-CORPORATE AND COMBINED GROUPS

SEQUENCE #4B

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____

NAME OF BUSINESS ORGANIZATION

FEDERAL EMPLOYER IDENTIFICATION NUMBER, SOCIAL
SECURITY NUMBER OR DEPARTMENT IDENTIFICATION NUMBER

This Schedule R shall be used to reconcile the New Hampshire Gross Business Profits before Net Operating Loss and Special Deductions line of the federal income tax return filed with the Internal Revenue Service to the federal income calculated using the Internal Revenue Code (IRC) in effect on **December 31, 2000**.

1	Federal Income (Loss) from business activities from return filed with IRS or Line 9 from NH-1120-WE, Schedule I	1	<input type="text"/>
2	Additions required to federal income:		
(a)	IRC Section 179 expense taken on federal return in excess of \$20,000 including carryover amounts allowed	2(a)	<input type="text"/>
(b)	Bonus depreciation on assets acquired and placed in service after September 10, 2001, (Federal Form 4562)	2(b)	<input type="text"/>
(c)	Domestic production activities deduction under IRC 199.....	2(c)	<input type="text"/>
(d)	Other amounts reported on federal return that need to be adjusted due to revisions to the IRC in effect on December 31, 2000.	2(d)	<input type="text"/>
(e)	Total additions [Sum of Line 2(a) through Line 2(d)]	2(e)	<input type="text"/>
3	Deductions required from federal income: (The deductions allowed in this section are the deductions that would be allowed on assets placed in service after December 31, 2000 using the IRC in effect pursuant to RSA 77-A.)		
(a)	Depreciation related to items added back under 2(a) and 2(b).....	3(a)	<input type="text"/>
(b)	Other deductions required due to revisions to the IRC in effect on December 31, 2000	3(b)	<input type="text"/>
(c)	Total deductions [Sum of Line 3(a) and Line 3(b)].....	3(c)	<input type="text"/>
4	Adjusted Taxable Income Line 1 plus Line 2(e) minus Line 3(c) [Enter this amount on Line 1(a) of your New Hampshire Business Profits Tax return]	4	<input type="text"/>

This schedule must be attached to your Business Profits Tax Return and you must check the box on the front of the return indicating **IRC Reconciliation**.

NH-1120 filers must complete the Schedule R, transfer Line 4 to the NH-1120 on Line 1(a) Gross Business Profits.

NH-1120-WE filers must complete Form Schedule R for each member of a combined group. Summarize and enter Line 9 from NH-1120-WE, Schedule I to Line 1 on Schedule R. Attach Form Schedule R for each entity. Summarize the members adjustments onto one combined Schedule R, transfer Line 4 to Line 1(a) of NH-1120-WE.

NH-1040 and NH-1065 must complete Form Schedule R for each business activity reported.

NH-1041 filers must complete Schedule R and transfer the amounts from Lines 2(e) and 3(c) to the NH-1041, Lines 1(g) and 2(l) respectively.

Sale of an asset that has a different adjusted basis for New Hampshire than for federal purposes as reflected on the federal Schedule D, Form 4797, Form 6252, or Schedule K-1.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
CORPORATION BUSINESS PROFITS TAX RETURNFor the CALENDAR year **2009** or other taxable period beginning _____ and ending _____ **SEQUENCE # 4A**
Mo Day Year Mo Day YearDue Date for CALENDAR year filers is on or before **March 15, 2010** or the 15th day of the 3rd month after the close of the taxable period.**YOU ARE REQUIRED TO FILE THIS FORM IF GROSS BUSINESS INCOME WAS GREATER THAN \$50,000.**

STEP 1 Print or Type	NAME OF CORPORATION _____		FEDERAL EMPLOYER IDENTIFICATION NUMBER OR DEPARTMENT IDENTIFICATION NUMBER _____
STEP 2 Questions	<p>A Is the corporation filing its tax return on an IRS approved 52/53 week tax year? Yes _____ No _____ If yes, provide the period beginning _____ and ending _____ date.</p> <p>B Does the corporation file with the IRS as part of a federal consolidated return? Yes _____ No _____</p> <p>C Is this corporation affiliated with any other business organization that files business tax returns with this department? Identify by name and FEIN: _____ Yes _____ No _____</p> <p>D Does the corporation file as part of a unitary group in any other jurisdiction? Yes _____ No _____</p> <p>E Is this a "combined" business profits tax return? Yes _____ No _____</p> <p>If the answer to "E" is yes, do not complete this return. You must file a NH-1120-WE return. You may download the Business tax forms for Combined Groups from our web site at www.nh.gov/revenue or call (603) 271-2192 to request the business tax booklet for Combined Groups.</p>		
STEP 3 Figure Your Taxes	<p>1 Gross Business Profits</p> <p>(a) Taxable income (loss) before net operating loss deduction and special deductions. If IRC Reconciliation is required the amount from Line 4 of the Schedule R. (Attach copy of federal return)..... 1(a) _____</p> <p>(b) Separate entity and other items of income and expense not allowed for on this form (attach schedule)..... 1(b) _____</p> <p>(c) New Hampshire Gross Business Profits [Combine Line 1(a) and Line 1(b)] (If negative, show in parenthesis. See worksheet for Net Operating Loss, NOL, provisions)..... 1(c) _____</p> <p>2 Additions and Deductions</p> <p>(a) Add back income taxes or franchise taxes measured by income (Attach schedule of taxes by state) 2(a) _____</p> <p>(b) New Hampshire Net Operating Loss Deduction (Attach Form DP-132) 2(b) (_____)</p> <p>(c) Interest on direct US Obligations 2(c) (_____)</p> <p>(d) Wage adjustment required by IRC Section 280C 2(d) (_____)</p> <p>(e) Foreign dividend gross-up (IRC Section 78) 2(e) (_____)</p> <p>(f) Add back expenses related to constitutionally exempt income 2(f) _____</p> <p>(g) Research contribution (See RSA 77-A:4 XII. Attach computation) 2(g) (_____)</p> <p>(h) Interest and Dividends subject to tax under RSA 77 (repealed for taxable periods ending on or after 12/31/09)..... 2(h) _____</p> <p>(i) Add back return of capital from Qualified Investment Capital Company... 2(i) _____</p> <p>(j) Combine Lines 2(a) through 2(i). (If negative, show in parenthesis)..... 2(j) _____</p> <p>3 Adjusted Gross Business Profits (Line 1(c) adjusted by Line 2(j). If negative, show in parenthesis)..... 3 _____</p> <p>4 New Hampshire Apportionment (Attach Form DP-80)..... 4 _____</p> <p>5 New Hampshire Taxable Business Profits (Line 3 x Line 4. If negative, enter zero.)..... 5 _____</p> <p>6 New Hampshire Business Profits Tax (Line 5 x 8.5%)..... 6 _____</p>		<p>SCH R IRC RECONCILIATION <input type="checkbox"/></p>
STEP 4 Figure Your Credits	<p>7 Credits allowed under RSA 77-A:5 (Attach Form DP-160) 7 _____</p> <p>8 Subtotal (Line 6 minus Line 7) 8 _____</p> <p>9 New Hampshire Business Enterprise Tax Credit 9 _____</p> <p>10 New Hampshire Business Enterprise Tax Credit to be applied against Business Profits Tax (Enter the lesser of Line 8 or Line 9) 10 _____</p> <p>11 New Hampshire Business Profits Tax Net of Statutory Credits (Line 8 minus Line 10)..... 11 _____</p>		<p>ENTER THE AMOUNT FROM LINE 11 ON LINE 1(b) OF THE BT-SUMMARY.</p> <p>THIS RETURN MUST BE FILED WITH THE BT-SUMMARY AND ALL APPLICABLE FEDERAL SCHEDULES.</p>

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED CORPORATION BUSINESS TAX**NH-1120-ES****TO MAKE YOUR PAYMENTS ONLINE, ACCESS OUR WEB SITE AT www.nh.gov/revenue**

		BET(a)	BPT(b)
1	ESTIMATED TAX BASE AND/OR GROSS BUSINESS PROFITS		
a	BET Taxable Base After Apportionment.....		
b	New Hampshire Taxable Business Profits After Apportionment.....		
2	TAX		
a	Line 1(a) x .0075.....		
b	Line 1(b) x .085.....		
3	CREDITS		
a	RSA 162-L:10 (CDFA Investment Tax Credit).....		
b	RSA 162-N CROP Carryforwards (Community Reinvestment Opportunity Program).....		
c	RSA 162-N (Economic Revitalization Zone Tax Credit).....		
d	RSA 162-P (Research & Development Tax Credit)		
e	RSA 162-Q (Coos County Job Creation Tax Credit).....		
f	RSA 77-A:5 (Be sure to include the BET Credit).....		
3	CREDITS TOTAL [sum of Lines 3(a) - 3(f)].....		
4	Estimated tax for current year (Line 2 minus Line 3).....		
5	Overpayment from previous taxable period.....		
6	Balance of Business Taxes Due (Line 4 minus Line 5).....		

COMPUTATION and RECORD of PAYMENTS

Date Paid	BET	Amount of each Installment (1/4 of Line 6 of worksheet)	BPT	Total Due (BET and/or BPT)	CALENDAR YEAR DUE DATES
1.....	\$.....	\$.....	\$.....	\$.....	April 15, 2010
2.....	\$.....	\$.....	\$.....	\$.....	June 15, 2010
3.....	\$.....	\$.....	\$.....	\$.....	Sept. 15, 2010
4.....	\$.....	\$.....	\$.....	\$.....	Dec. 15, 2010

ESTIMATED TAX FORM INSTRUCTIONS

- Line 1 Enter ¼ of the Business Enterprise Tax calculated on Line 6 BET(a) in the tax worksheet above.
 Line 2 Enter ¼ of the Business Profits Tax calculated on Line 6 BPT(b) in the tax worksheet above.
 Line 3 Enter the TOTAL payment sum of Lines 1 and 2.

IMPORTANT:**THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET.***(Cut along this line and keep the Estimated Tax Worksheet above for your records)*

FORM

NH-1120-ES

702

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED CORPORATION BUSINESS TAX - 2010For the CALENDAR year **2010** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

PRINT OR TYPE

FOR DRA USE ONLY

FOR DRA USE ONLY	NAME OF CORPORATION	FEDERAL EMPLOYER IDENTIFICATION NUMBER		
	LIMITED LIABILITY COMPANY	DEPARTMENT IDENTIFICATION NUMBER		
	NUMBER AND STREET ADDRESS	If issued a DIN, DO NOT USE FEIN		
	ADDRESS (continued)	¼ BET 1	\$	
	CITY/TOWN, STATE & ZIP CODE	¼ BPT 2	\$	
		Amount of Payment 3	\$	

MAIL NH DRA
 TO: PO BOX 637
 CONCORD NH 03302-0637

Make checks payable to: **STATE OF NEW HAMPSHIRE**
 Enclose, but do not staple or tape your payment to
 this estimate. Do not file a \$0 estimate.

NH-1120-ES
Rev 09/2009

FORM

NH-1120-ES

702

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED CORPORATION BUSINESS TAX - 2010For the CALENDAR year **2010** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

FOR DRA USE ONLY

PRINT OR TYPE

FOR DRA USE ONLY	NAME OF CORPORATION	FEDERAL EMPLOYER IDENTIFICATION NUMBER
	LIMITED LIABILITY COMPANY	DEPARTMENT IDENTIFICATION NUMBER
	NUMBER AND STREET ADDRESS	If issued a DIN, DO NOT USE FEIN
	ADDRESS (continued)	1/4 BET 1 \$
	CITY/TOWN, STATE & ZIP CODE	1/4 BPT 2 \$
		Amount of Payment 3 \$

MAIL NH DRA
 TO: PO BOX 637
 CONCORD NH 03302-0637

Make checks payable to: **STATE OF NEW HAMPSHIRE**
 Enclose, but do not staple or tape your payment to this estimate. Do not file a \$0 estimate.

NH-1120-ES
Rev 09/2009

(Cut along this line)

FORM

NH-1120-ES

702

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED CORPORATION BUSINESS TAX - 2010For the CALENDAR year **2010** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

FOR DRA USE ONLY

PRINT OR TYPE

FOR DRA USE ONLY	NAME OF CORPORATION	FEDERAL EMPLOYER IDENTIFICATION NUMBER
	LIMITED LIABILITY COMPANY	DEPARTMENT IDENTIFICATION NUMBER
	NUMBER AND STREET ADDRESS	If issued a DIN, DO NOT USE FEIN
	ADDRESS (continued)	1/4 BET 1 \$
	CITY/TOWN, STATE & ZIP CODE	1/4 BPT 2 \$
		Amount of Payment 3 \$

MAIL NH DRA
 TO: PO BOX 637
 CONCORD NH 03302-0637

Make checks payable to: **STATE OF NEW HAMPSHIRE**
 Enclose, but do not staple or tape your payment to this estimate. Do not file a \$0 estimate.

NH-1120-ES
Rev 09/2009

(Cut along this line)

FORM

NH-1120-ES

702

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED CORPORATION BUSINESS TAX - 2010For the CALENDAR year **2010** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

FOR DRA USE ONLY

PRINT OR TYPE

FOR DRA USE ONLY	NAME OF CORPORATION	FEDERAL EMPLOYER IDENTIFICATION NUMBER
	LIMITED LIABILITY COMPANY	DEPARTMENT IDENTIFICATION NUMBER
	NUMBER AND STREET ADDRESS	If issued a DIN, DO NOT USE FEIN
	ADDRESS (continued)	1/4 BET 1 \$
	CITY/TOWN, STATE & ZIP CODE	1/4 BPT 2 \$
		Amount of Payment 3 \$

MAIL NH DRA
 TO: PO BOX 637
 CONCORD NH 03302-0637

Make checks payable to: **STATE OF NEW HAMPSHIRE**
 Enclose, but do not staple or tape your payment to this estimate. Do not file a \$0 estimate.

NH-1120-ES
Rev 09/2009

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
COMBINED BUSINESS PROFITS TAX RETURNFor the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year**SEQUENCE #4A**Due Date for CALENDAR year filers is on or before **March 15, 2010** or for FISCAL filers the 15th day of the 3rd month after the close of the taxable period.**YOU ARE REQUIRED TO FILE THIS FORM IF YOUR GROSS BUSINESS INCOME WAS GREATER THAN \$50,000.**

STEP 1 Print or Type	NAME OF PRINCIPAL NEW HAMPSHIRE BUSINESS ORGANIZATION _____	FEDERAL EMPLOYER IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER OR DEPARTMENT IDENTIFICATION NUMBER _____
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STEP 2 Questions	<p>A Is the Business Organization filing its tax return on an IRS approved 52/53 week tax year? Yes _____ No _____ If yes, provide the period beginning _____ and ending _____ Mo Day Year Mo Day Year</p> <p>B Does the Business Organization file as part of a unitary group in any other jurisdiction? Yes _____ No _____</p> <p>C Has the Business Organization been found to be unitary by any other jurisdiction? Yes _____ No _____</p> <p>D Is this Business Organization affiliated with any other business organization not included within this combined return that files business tax returns with this department? Yes _____ No _____ Identify by name and FEIN _____</p>
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STEP 3 Figure Your Taxes	<p>1 Gross Business Profits SCH R IRC RECONCILIATION <input type="checkbox"/></p> <p>(a) Combined Net Income from NH-1120-WE, Schedule I, Line 9 or if IRC Reconciliation is required, Line 4 of Schedule R (If negative, show in parenthesis) 1(a) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(b) Separate entity and other items of income or expense not allowed for on this form (attach schedule) 1(b) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(c) Subtotal [Line 1(a) adjusted by Line 1(b)]. If negative, show in parenthesis (See instructions for Net Operating Loss (NOL) provisions) 1(c) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(d) Foreign Dividends (Must be the same amount as Schedule II, Line 6 and the total of Column B on Schedule III) 1(d) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(e) New Hampshire Combined Net Income (Line 1(c) adjusted by Line 1(d). If negative, show in parenthesis) 1(e) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>2 Additions and Deductions</p> <p>(a) Add back income taxes or franchise taxes measured by income 2(a) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(b) New Hampshire Net Operating Loss Deduction (Attach Form DP-132-WE) 2(b) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(c) Interest on direct US Obligations 2(c) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(d) Wage adjustment required by IRC Section 280C 2(d) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(e) Foreign dividend gross-up (IRC Section 78) 2(e) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(f) Research contribution (See RSA 77-A:4 XII). Attach computation 2(f) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(g) Add back return of capital from Qualified Investment Capital Company 2(g) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>(h) Combine Lines 2(a) through 2(g). (If negative, show in parenthesis.) .. 2(h) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>3 Adjusted Gross Business Profits (Line 1(e) adjusted by Line 2(h). (If negative, show in parenthesis) 3 <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>4 New Hampshire Apportionment (Form DP-80, Line 5. Express as a decimal to 6 places.) 4 <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>5 New Hampshire Water's Edge Taxable Business Profits (Line 3 multiplied by Line 4) 5 <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>6 New Hampshire Foreign Dividends Taxable Business Profits (From Schedule II, Line 7) 6 <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>7 New Hampshire Taxable Business Profits (Line 5 plus Line 6. If negative, enter zero) 7 <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>8 New Hampshire Business Profits Tax (Line 7 x 8.5%) 8 <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p>
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STEP 4 Figure Your Credits	<p>9 Credits allowed under RSA 77-A:5 (Attach Form DP-160-WE) 9 <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>10 Subtotal (Line 8 minus Line 9) 10 <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>11 New Hampshire Business Enterprise Tax Credit 11 <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>12 New Hampshire Business Enterprise Tax Credit to be applied against Business Profits Tax (Enter the lesser of Line 10 or Line 11) 12 <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>13 New Hampshire Business Profits Tax Net of Statutory Credits (Line 10 minus Line 12) 13 <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>ENTER THE AMOUNT FROM LINE 13 ON LINE 1(b) OF THE BT- SUMMARY FORM. THIS RETURN MUST BE FILED WITH THE BT-SUMMARY AND ALL APPLICABLE FEDERAL SCHEDULES.</p>
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**COMBINED BUSINESS PROFITS TAX
AFFILIATION SCHEDULE****SEQUENCE #4C**

This page must be completed in its entirety as part of the NH-1120-WE. This page identifies the principal New Hampshire business organization, as defined in Rev 301.24, other members of the Water's Edge Combined Group, as defined in RSA 77-A:1 and those affiliates excluded from the group as non-unitary or qualified Overseas Business Organizations as defined by RSA 77-A:1, XIX.

A PRINCIPAL NEW HAMPSHIRE BUSINESS ORGANIZATION		FEDERAL EMPLOYER IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER OR DEPARTMENT IDENTIFICATION NUMBER	
NUMBER & STREET ADDRESS			
STREET ADDRESS (CONTINUED)			
CITY/TOWN, STATE & ZIP CODE			
B NEW HAMPSHIRE BUSINESS ACTIVITY			
Attach additional sheets for the following, if necessary			
C Other members included in the Water's Edge Combined Group. Indicate with an X those members who have nexus with New Hampshire.			
	Name of Business Organization	FEIN	Nexus
1			
2			
3			
4			
5			
6			
7			
8			
D Parent Company of this Combined Group		FEIN	Nexus
E Name and federal employer identification numbers of the domestic affiliated business organizations who are excluded from the New Hampshire Water's Edge Combined Group as non-unitary members. Indicate with an X those members who have nexus in New Hampshire.			
	Name of Business Organization	FEIN	Nexus
1			
2			
3			
4			
5			
6			
7			
8			
F Name, location, and federal employer identification number, if applicable, of the affiliates excluded from the group as qualified Overseas Business Organizations, as defined by RSA 77-A:1, XIX. Indicate with an X those members who have nexus in New Hampshire.			
	Name and Location of Business Organization	FEIN	Nexus
1			
2			
3			
4			
5			
6			
7			
8			
G Taxpayer Contact:			
Name and Title		Telephone Number	

**NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
SUMMARY OF COMBINED NET INCOME
SCHEDULE I**

For the CALENDAR year **2009** or other taxable period beginning _____ Mo _____ Day _____ Year _____ and ending _____ Mo _____ Day _____ Year _____

SEQUENCE #10

NAME OF PRINCIPAL NEW HAMPSHIRE BUSINESS ORGANIZATION		FEDERAL EMPLOYER IDENTIFICATION NUMBER / SOCIAL SECURITY NUMBER / DEPARTMENT IDENTIFICATION NUMBER	TAXABLE INCOME before net operating loss deduction and special deductions.
Line 1	US Consolidated (Line 28 as filed with the IRS).....	1	
Line 2	LESS Overseas Business Organizations included in Line 1 above	2	
Line 3	LESS Non-Unitary Entities included in Line 1 above.....	3	
Line 4	ADD Consolidating Eliminations attributable to entities included in Line 2 or Line 3 above.....	4	
Line 5	ADD Unitary Entities not included in Line 1 above	5	
Line 6	ELIMINATE Inter-Company Income (Expense)	6	
Line 7	SUBTOTAL (Sum of Lines 1 through 6)	7	
Line 8(a)	LESS Income Exempt under federal constitutional law	8(a)	
Line 8(b)	ADD Related Expenses.....	8(b)	
Line 9	COMBINED NET INCOME [Line 7 adjusted by Line 8(a) & Line 8(b)] to Schedule R, Line 1, if IRC reconciliation is required.....	9	

GENERAL INSTRUCTIONS

Form NH-1120-WE is used for combined filing. Consolidated returns are not permitted. The purpose of Schedule I is to reconcile the federally reported net income to the New Hampshire combined net income of the water's edge group.

NAME & IDENTIFICATION NUMBER

At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year. PRINT the taxpayer's name, federal employer identification number (FEIN), social security number (SSN), or department identification number (DIN) in the spaces provided. Federal Employee Identification Numbers and Social security numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever social security numbers or federal employer identification numbers are required, taxpayers who have been issued a DIN, shall use their DIN only, and not their SSN or FEIN.

LINE 1: US CONSOLIDATED

Enter the amount as filed with the IRS from Page 1, Line 28 of the US consolidated return of the principal New Hampshire business organization, as defined in Rev 301.24.

LINE 2: OVERSEAS BUSINESS ORGANIZATIONS INCLUDED IN LINE 1

Enter the total of those business organizations gross business profits included in the consolidated US federal income tax return which qualify as overseas business organizations, as defined by RSA 77-A:1, XIX. These business organizations are included in part F of the NH-1120-WE Affiliation Schedule.

LINE 3: NON-UNITARY ENTITIES INCLUDED IN LINE 1

Enter the total gross business profits of those entities included in the consolidated US federal income tax return which are not part of the water's edge combined group, as defined in RSA 77-A:1,XV. These business organizations are included in part E of the NH-1120-WE Affiliation Schedule.

LINE 4: CONSOLIDATING ELIMINATIONS ATTRIBUTABLE TO ENTITIES INCLUDED IN LINE 2 & 3

Enter the total federal consolidating eliminations which are attributable to those entities excluded from the water's edge combined group as either overseas business organizations or non-unitary affiliates (Line 2 and Line 3).

LINE 5: UNITARY ENTITIES NOT INCLUDED IN LINE 1

Enter the total of those business organizations gross business profits including corporations, partnerships, joint ventures, etc., which are part of the water's edge combined group but are not part of the consolidated US federal income tax return reported on Line 1.

LINE 6: INTERCOMPANY INCOME (EXPENSE)

Eliminate any intercompany income (Expense) between members of New Hampshire water's edge combined group. Examples would include:

- Income (expense) not eliminated through federal 1120 consolidation.
- Income (expense) between the additional unitary members on Line 5.
- Income (expense) between New Hampshire water's edge affiliates on Line 1 and those on Line 5.

LINE 7: SUBTOTAL

Enter the subtotal of Lines 1 through 6.

LINE 8(a): INCOME (LOSS) EXEMPT UNDER FEDERAL CONSTITUTIONAL LAW

Enter the income (loss) included in Lines 7 which is allowed to be excluded pursuant to federal constitutional law.

LINE 8(b): RELATED EXPENSES

Enter the amount of any deducted expenses related to the portion of gross business profits reported on Line 8(a).

LINE 9: COMBINED NET INCOME

Enter on Line 9 the subtotal from Line 7 adjusted for any amounts on Lines 8(a) and 8(b). This total represents the combined net income of the water's edge group. Enter on Form NH-1120-WE Line 1(a) the amount from Line 9 or if IRC Reconciliation has been taken, enter on NH Schedule R Line 1.

Supporting schedules in column form **must** be submitted for amounts in Lines 2 through 8 which represent more than one entity (e.g., the US consolidating schedule prepared for federal purposes would support Line 1).

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____

Principal New Hampshire Business Organization			
Social Security Number, Federal Employer Identification Number or Department Identification Number			
LINE 1 SALES	EVERYWHERE (Denominator)	NEW HAMPSHIRE (Numerator)	New Hampshire as portion of EVERYWHERE
1(a) Enter amounts from Form DP-80, Schedule A, Line 1	1(a)	1(a)	
1(b) Enter the Foreign Dividend Sales Factor Increment from Schedule III, Column L	1(b)		
1(c) Enter the Adjusted Sales Factor [Line 1(a) plus Line 1(b)]	1(c)	1(c)	
1(d) Enter Line 1(c) New Hampshire divided by Line 1(c) Everywhere		1(d)	
1(e) Enter Line 1(d) multiplied by 2 expressed as a decimal to 6 places			1(e) .
LINE 2 PAYROLL	EVERYWHERE (Denominator)	NEW HAMPSHIRE (Numerator)	New Hampshire as portion of EVERYWHERE
2(a) Enter the amounts from Form DP-80, Schedule A, Line 2.	2(a)	2(a)	
2(b) Enter the Foreign Dividend Payroll Factor Increment from Schedule III, Column M	2(b)		
2(c) Enter the Adjusted Payroll Factor [Line 2(a) plus Line 2(b)]	2(c)	2(c)	
2(d) Enter Line 2(c) New Hampshire, divided by Line 2(c) Everywhere total and express as a decimal to 6 places.			2(d) .
LINE 3 PROPERTY	EVERYWHERE (Denominator)	NEW HAMPSHIRE (Numerator)	New Hampshire as portion of EVERYWHERE
3(a) Enter the amount from Form DP-80, Schedule A, Line 3	3(a)	3(a)	
3(b) Enter the amount of Foreign Dividend Property Factor Increment from Schedule III, Column N	3(b)		
3(c) Enter the Adjusted Property Factor [Line 3(a) plus Line 3(b)]	3(c)	3(c)	
3(d) Enter Line 3(c) New Hampshire, divided by Line 3(c) Everywhere total and expressed as a decimal to 6 places.			3(d) .
LINE 4 Total [Add Lines 1(e), 2(d), and 3(d)]			4 .
LINE 5 Modified Apportionment Percentage (Line 4 divided by 4, expressed as a decimal to 6 places. If there are only one or two factors, then see instructions)			5 .
LINE 6 FOREIGN DIVIDENDS as defined in RSA 77-A:1, XVII (This amount must agree with NH-1120-WE, page 1, Line 1(d) and the total of Form Schedule III, Column B.)			6
LINE 7 NEW HAMPSHIRE FOREIGN DIVIDENDS TAXABLE BUSINESS PROFITS (Line 6 multiplied by Line 5) Enter this amount on Form NH-1120-WE, Line 6.			7

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
FOREIGN DIVIDEND FACTOR INCREMENTS
SCHEDULE III

For the CALENDAR year **2009** or other taxable period beginning _____ and ending _____
 Principal New Hampshire Business Organization _____
 Social Security Number, Federal Employer Identification Number or Department Identification Number _____

SEQUENCE #12

Column A	B	C	D
NAME OF PAYOR	DIVIDEND	TAXABLE INCOME	PERCENTAGE (B ÷ C)
1			
2			
3			
4			
5			
6			
7			
8			

TOTAL

Column E	F	G	H	I
SALES AND RECEIPTS	PAYROLL	BEGINNING PROPERTY	ENDING PROPERTY	AVERAGE PROPERTY (G + H) ÷ 2
1				
2				
3				
4				
5				
6				
7				
8				

Column J	K	L	M	N
RENTS x 8	TOTAL PROPERTY (I + J)	MODIFIED SALES (D x E)	MODIFIED PAYROLL (D x F)	MODIFIED PROPERTY (D x K)
1				
2				
3				
4				
5				
6				
7				
8				

TOTALS [Carry total modified factor amounts to
 Schedule II, Line 1(b), 2(b) and 3(b)]

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
POWER OF ATTORNEY (POA)

NOTE

All applicable items must be filled in to properly complete Form DP-2848 New Hampshire Power of Attorney. An incomplete form will prohibit direct communication between the Department and the appointee.

SECTION 1

Enter the complete taxpayer's name, address including ZIP code, and federal identification number, social security number or Department identification number if appropriate. Any DRA issued license or registration number of the taxpayer should also be included in this section.

SECTION 2

Enter the name, address, including ZIP code, and telephone number of the appointee. If the name of a firm is indicated, then the Department will be authorized to correspond directly with anyone in that firm. If an individual(s) is indicated, the Department will be authorized to correspond directly with the individual(s) named only. A firm name that is part of an individual's address does not mean that the employees of the firm can represent the taxpayer.

SECTION 3

A brief description or listing of the returns and/or tax matters at issue. Example: 2006 and 2007 New Hampshire Corporation Business Tax Returns, 2007 New Hampshire Interest & Dividends Tax Return, or All New Hampshire tax matters, etc.

SECTION 4

One of the two boxes **MUST BE CHECKED**. The first box should be checked if the taxpayer wants the representative to be able to receive confidential information as well as perform on behalf of the taxpayer for all acts necessary for the tax matters at issue. The second box should be checked if the taxpayer wants the representative to receive confidential information only.

SECTION 5

This Power of Attorney form will revoke all prior power of attorney authorizations relating to the specific tax matters referenced in section 3 above, unless prior appointees are excepted here. If a prior POA was completed for a CPA and the taxpayer completes a second POA to add an attorney, the prior POA will automatically be revoked unless the CPA's name is again entered in this section.

SECTION 6 PART A

The taxpayer is required to sign, in ink, and date the POA. The **original** signed form POA must be sent to the Department at the address below.

SECTION 6 PART B

If the appointee is someone other than a CPA, an attorney, or the preparer of the subject tax returns, the form needs to be signed, in ink, and dated by two witnesses. The original signed POA should be mailed to the address below.

NEED HELP?

Any questions regarding completion of Form DP-2848 Power of Attorney should be directed to: Central Taxpayer Services at: (603) 271-2191. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.

SECTION 1 Name, address including ZIP code and identifying number of taxpayer(s):

SECTION 2 I/We hereby appoint [name, address including ZIP code and telephone number of appointee(s)]:

SECTION 3 As attorney(s)-in-fact to represent the taxpayer(s) before the Department of Revenue Administration of the State of New Hampshire with respect to:

SECTION 4 - MUST BE CHECKED

- ☐ Said attorney(s)-in-fact shall, subject to revocation, have authority to receive confidential information and full power to perform on behalf of the taxpayer(s) all acts necessary with respect to above tax matters.
- ☐ Said attorney(s)-in-fact shall, subject to revocation, have authority to receive or inspect confidential tax information only.

SECTION 5 This power of attorney revokes all prior powers of attorney relating to the above taxable period except:

SECTION 6, PART A SIGNATURE (IN INK) OF THE TAXPAYER(S): If signed by a corporate officer or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this power of attorney on behalf of the taxpayer.

X

Signature (in ink)

Title

Date

FOR DRA USE ONLY

SECTION 6, PART B IF THE POWER OF ATTORNEY IS GRANTED TO A PERSON OTHER THAN AN ATTORNEY, CERTIFIED PUBLIC ACCOUNTANT OR THE PREPARER OF SUBJECT TAX RETURN(S), IT MUST BE WITNESSED BELOW.

The person signing as or for the taxpayer(s) is known to and signed (in ink) in the presence of the two disinterested witnesses whose signatures appear here:

Witness Signature (in ink)

Date

Witness Signature (in Ink)

Date

Mail To: NH DRA, Audit Division, PO Box 457, Concord, NH 03302-0457

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
GENERAL INSTRUCTIONS FOR FILING BUSINESS ENTERPRISE & BUSINESS PROFITS TAXES

WHO MUST FILE A BET RETURN

Every for-profit or non-profit enterprise or organization engaged in or carrying on any business activity inside New Hampshire which meets the following criteria, during the taxable period, must file a Business Enterprise Tax return:

A. If your gross business receipts total was in excess of **\$150,000**, then you are required to file a BET return, regardless of B below; or

B. If your **gross business receipts** total was **\$150,000** or less, use the following worksheet to determine if your enterprise value tax base is greater than **\$75,000**:

- | | |
|----------------------------------------|-------------|
| 1. Total dividends paid: | 1. \$ _____ |
| 2. Total compensation paid or accrued: | 2. \$ _____ |
| 3. Total interest paid or accrued: | 3. \$ _____ |
| 4. Sum of Lines 1, 2 and 3: | 4. \$ _____ |

If Line 4 is greater than **\$75,000**, you are required to file a BET return.

C. Section 501(c)(3) of the IRC non-profit organizations are not required to file unless they engage in an unrelated business activity under Section 513 of the IRC.

Form BT-Summary must be filed by all Business Organizations.

BET FORMS TO FILE

BT-Summary is filed by all organizations that have either a BPT or BET filing requirement.

BET-Prop is filed by organizations filing as a business profits tax NH1040. BET-WE is filed by organizations filing as a business profits tax combined group. Form BET is filed by all other organizations, including corporations, partnerships fiduciaries and non-profits.

WHO MUST FILE A BPT RETURN

All business organizations, including corporations, fiduciaries, partnerships, proprietorships, combined groups, and homeowners' associations must file a Business Profits Tax return provided they are carrying on business activity inside New Hampshire and their gross business income from everywhere is in excess of \$50,000.

"Gross business income" means all income for federal income tax purposes from whatever source derived including but not limited to: total sales, total rents, gross proceeds from the sale of assets, etc., before deducting any costs or expenses. **Even if there is no profit, a return must be filed when the gross business income exceeds \$50,000.** Combined filers should see NH-1120-WE General Instructions for additional filing requirements to file a combined report.

Grantor Trusts: Income from Grantor Trusts (Section 671 of the US Internal Revenue Code) shall be included in the Business Profits Tax return of the owner(s).

INTERNAL REVENUE CODE (IRC) AND NEW HAMPSHIRE RECONCILIATION

The New Hampshire Legislature has not changed the current business tax laws to conform with the federal tax law changes. The Internal Revenue Code (IRC) reference remains the Code **in effect on December 31, 2000**. Therefore, if changes are used on your federal filing, business taxpayers must recalculate their New Hampshire gross business profits utilizing the NH Schedule R. Schedule R has been provided in this booklet to assist businesses in recalculating their New Hampshire Gross Business Profits. The completed Schedule R must be filed with the corresponding New Hampshire Business Tax return.

S-CORP FILERS

New Hampshire treats subchapter "S" corporations as if they were "C" corporations. All S-corporations are required to complete Form DP-120, Computation of "S" Corporation Gross Business Profits. Returns filed without a Form DP-120 will be incomplete and may be returned to the taxpayer.

SINGLE MEMBER LIMITED LIABILITY COMPANIES

For NH taxation purposes, an SMLLC is recognized as an entity separate from its member. An SMLLC is required to report and file NH taxable activities at the entity level. An SMLLC is required by law to file a NH tax return even though the SMLLC does not file a separate federal tax return.

An SMLLC that is not disregarded for federal purposes shall file the same tax classification as it does for federal taxation.

An SMLLC that is disregarded for purposes of federal taxation shall file its business tax return using:

- Form NH1120, "Corporate Business Profits Tax Return", if the member is a corporation;
- Form NH1040, "Proprietorship Business Profits Tax Return", if the member is an individual;
- Form NH1065, "Partnership Business Profits Tax Return", if the member is a partnership; and
- Form NH1041, "Fiduciary Business Profits Tax Return", if the member is a trust.

If the SMLLC does **not** have a federal employer identification number; shares a taxpayer identification number with another entity; or is not required to obtain a federal employer identification number, social security number or an individual taxpayer identification number issued by the Internal Revenue Service **THE SMLLC MUST USE A DEPARTMENT IDENTIFICATION NUMBER (DIN) WHEN FILING ALL TAX RELATED DOCUMENTS.** Form DP-200 shall be used to apply for a New Hampshire Department of Revenue Administration DIN.

Your DIN shall be used in place of the entity's federal employer identification number. When filing all future documents, the DIN shall be entered wherever federal employer identification numbers or social security numbers are required.

REQUIRED NH FORMS AND ATTACHMENTS

- Schedule R for all returns requiring reconciling federal taxable income to arrive at NH gross business profits.
- Business organizations with a federal tax classification of S Corp must file a NH Form DP-120.
- All partnerships and sole proprietorships must attach the applicable compensation deduction work sheet if a compensation deduction for personal services is claimed.

REQUIRED FEDERAL FORMS AND SCHEDULES

A complete and legible copy of the federal income tax return and applicable federal forms, consolidating schedules and supporting schedules, must accompany all Business Profits Tax returns.

- Form NH-1120, Corporation Business Profits Tax Return must have the federal Form 1120, pages 1-4 and all other applicable forms and supporting schedules. Corporations may submit the consolidating schedules **ONLY** using a Compact Disc (CD) in a PDF or PDF compatible format.
- Form NH-1040, Proprietorship Business Profits Tax Return must have federal Form 1040 Schedules C, D, E, F, Form 4562, Form 4797, and Form 6252 if applicable.
- Form NH-1065, Partnership Business Profits Tax Return must have federal Form 1065, pages 1-4 and all other applicable schedules.
- Form NH-1041, Fiduciary Business Profits Tax Return must have federal Form 1041, pages 1-4 and all other applicable schedules.

Failure to attach all federal forms and schedules as required shall be deemed a failure to file a New Hampshire Business Profits Tax Return and may subject the taxpayer to penalties.

OTHER REQUIRED FILINGS

S-corporations, Partnerships, or Limited Liability Companies (LLCs) which have made actual or constructive distributions to its New Hampshire shareholders, partners, or members during the year must separately file Form DP-9.

GENERAL INSTRUCTIONS FOR FILING BUSINESS ENTERPRISE & BUSINESS PROFITS TAXES (continued)**SEPARATE FILING THRESHOLDS**

There are different filing criteria for the Business Enterprise Tax and the Business Profits Tax. You must determine whether or not you are required to file for each tax independent of your filing requirement for the other tax. **IF YOU ARE REQUIRED TO FILE EITHER TAX, THEN YOU MUST FILE A BUSINESS TAX SUMMARY. THE BUSINESS TAX SUMMARY VERIFIES AND UPDATES BOTH THE BUSINESS ENTERPRISE TAX AND/OR THE BUSINESS PROFITS TAX RETURNS. FAILURE TO FILE A BUSINESS TAX SUMMARY WILL CONSTITUTE AN INCOMPLETE FILING OF THE BUSINESS TAX RETURNS.**

WHEN TO FILE

Calendar Year: If the business organization files its federal return on a calendar year basis, then the BET return and/or the BPT return is/are due and must be postmarked NO LATER than the date indicated on the BPT return.

Fiscal Year: If the business organization files its federal return on a fiscal year basis, then the business organization must file the BET return and/or the BPT return based on the same taxable period. The corporate returns are due and must be postmarked NO LATER than the 15th day of the third month following the close of the fiscal period. The proprietorship, partnership and fiduciary returns are due the 15th day of the 4th month following the close of the taxable period.

For Non-Profit Organizations: The returns are due and MUST be postmarked NO LATER than the 15th day of the fifth month following the close of the taxable period.

EXTENSION TO FILE

New Hampshire does not require a taxpayer to file an application for an automatic 7-month extension of time to file provided that the taxpayer has paid 100% of both the Business Enterprise Tax and the Business Profits Tax determined to be due by the due date of the tax.

If you need to make an additional payment in order to have paid 100% of the taxes determined to be due, then you may file your payment on-line at www.nh.gov/revenue or file a payment and application for 7 month extension of time to file a business tax return, Form BT-EXT. The payment must be postmarked or received on or before the original due date of the return. Failure to pay 100% of the taxes determined to be due by the original due date may result in the assessment of penalties.

WHERE TO FILE (FORMS MAY NOT BE FILED BY FAX)

MAIL TO: NH DRA
PO BOX 637
CONCORD NH 03302-0637

NEED HELP?

Call the Central Taxpayer Services Office at (603) 271-2191, Monday through Friday, 8:00 am - 4:30 pm. All written correspondence to the Department should include the taxpayer name, federal employer identification number or social security number, the name of a contact person and a daytime telephone number.

NEED FORMS?

To obtain additional forms or forms not contained in this booklet, you may access our web site at www.nh.gov/revenue or call the forms line at (603) 271-2192. Copies of the state tax forms may also be obtained from any of the 22 Depository Libraries located throughout the State.

ESTIMATED BPT & BET PAYMENTS

Every entity required to file a Business Profits Tax (BPT) return and/or a Business Enterprise Tax (BET) return must also make quarterly estimated tax payments for each individual tax for its subsequent taxable period, unless the **ANNUAL** estimated tax for the subsequent taxable period for each tax individually is less than \$200. However, if at the end of any quarter the estimated tax for the year exceeds \$200, an estimated tax payment must be filed. The quarterly estimates are 25% of the estimated tax liability. See the instructions with the Estimated Business Profits Tax Form for exceptions and penalties for noncompliance.

REFERENCES TO FEDERAL FORMS

All references to federal tax forms and form lines are based on draft forms available at the time the state forms were printed. If the federal line number and description do not match, follow the line description or contact the Department at (603) 271-2191.

CONFIDENTIAL INFORMATION

Disclosure of federal employer identification numbers and social security numbers is mandatory under N.H. Code of Admin. Rules, Rev. 2903.02(c). This information is required for the purpose of administering the tax laws of this state and authorized by 42 U.S.C.S. § 405 (c) (2) (C) (i).

Tax information which is disclosed to the New Hampshire Department of Revenue Administration is held in strict confidence by law. The information may be disclosed to the United States Internal Revenue Service, agencies responsible for the administration of taxes in other states in accordance with compacts for the exchange of information, and as otherwise authorized by New Hampshire Revised Statutes Annotated 21-J:14.

The failure to provide federal employer identification numbers and social security numbers may result in the rejection of a return or application. The failure to timely file a return or application complete with social security numbers may result in the imposition of civil or criminal penalties, the disallowance of claimed exemptions, exclusions, credits, deductions, or an adjustment that may result in increased tax liability.

AMENDED RETURNS

If you discover an error on your BET and/or BPT return(s) after filing, amended returns should be promptly filed by completing a corrected Form BT-SUMMARY and the appropriate BET and/or BPT returns. You should check the "AMENDED" block in STEP 2 on the Business Tax Summary. **AMENDED RETURNS MUST HAVE ALL APPLICABLE SCHEDULES AND FEDERAL PAGES ATTACHED TO BE DEEMED A COMPLETE AMENDED RETURN.** For changes made by the Internal Revenue Service for this year, see STEP 2 on the Business Tax Summary.

If you need to amend prior year BET and/or BPT return(s) and you need forms, you may access our web site at www.nh.gov/revenue or call the forms line at (603) 271-2192.

You may not file an amended return for New Hampshire Net Operating Loss (NOL) carryback provisions.

ROUNDING OFF

Money items on all Business Enterprise Tax and Business Profits Tax forms may be rounded off to the nearest whole dollar.

FILING SEQUENCE

The upper right corner of the NH tax forms indicate the order forms must be placed when filing. Copies of the federal tax return and supporting schedules must follow the NH forms and schedules.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS TAX SUMMARY INSTRUCTIONS

STEP 1: NAME, ADDRESS, SOCIAL SECURITY OR FEDERAL EMPLOYER IDENTIFICATION NUMBER

At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year.

PRINT the taxpayer's name, address, Social Security Number (SSN), Federal Employer Identification Number (FEIN), or Department Identification Number (DIN) and principal business activity code in the spaces provided.

Enter spouse/CU Partner's name and SSN in the spaces provided for separate proprietorship only. Social Security Numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever SSN's or FEIN's are required, taxpayers who have been issued a DIN, shall use their DIN only, and not SSN or FEIN.

STEP 2: RETURN TYPE AND FEDERAL INFORMATION

Check the Yes or No box to indicate if you are required to file a Business Enterprise Tax (BET) Return. Enterprises with more than \$150,000 of gross business receipts from all their activities or an enterprise value tax base of more than \$75,000 are required to file a BET Return with this Business Tax Summary Form. The BET is a 0.75% tax assessed on the taxable enterprise value tax base, after special adjustments and apportionments, the BET is the sum of all compensation paid or accrued, interest paid or accrued, and dividends paid by the business enterprise.

Check the Yes or No box to indicate if you are required to file a Business Profits Tax (BPT) Return. Businesses carrying on business activity within NH are subject to BPT unless they have \$50,000 or less of gross business income from all their activities. The BPT is an 8.5% tax assessed on taxable business profits from conducting business activity within NH.

Check the entity type which corresponds to your organizational structure. In the case of an LLC, check the tax classification that corresponds to the federal return used to report the income and deductions to the IRS.

Check the AMENDED RETURN box if this is the second (or additional) Business Tax Summary that has been filed for any ONE tax period. Check the FINAL RETURN box only when the business organization has ceased to exist or no longer has business activity in New Hampshire.

Check the box if the IRS has made adjustments to your federal income tax return that have not been previously reported to New Hampshire. Enter the taxable periods examined by the IRS on the line provided. To report IRS adjustments you must submit the Report of Change (ROC) form under separate cover. These and other forms are available on our web site at www.nh.gov/revenue or call (603) 271-2192.

STEP 3: COMPLETE THE BET AND/OR BPT RETURNS AND THEN THE BUSINESS TAX SUMMARY.

STEP 4: FIGURE YOUR BALANCE DUE OR OVERPAYMENT

- Line 1(a) Enter the amount of your Business Enterprise Tax net of statutory credits.
- Line 1(b) Enter the amount of your Business Profits Tax net of statutory credits.
- Line 1 Enter the sum of Lines 1(a) and 1(b).
- Line 2(a) Enter the amount paid with application for extension, Form BT-EXT. Include extension payments made electronically.
- Line 2(b) Enter estimated payments to be applied to this taxable period. Include estimate payments made electronically.
- Line 2(c) Enter the prior tax period overpayment that was carried forward to this taxable period.
- Line 2(d) When filing an AMENDED RETURN, enter the amount of payment remitted with the original Business Tax Summary.
- Line 2 Enter the total of Lines 2(a) through 2(d).
- Line 3 Enter the amount of Line 1 minus Line 2. Show a negative amount with parenthesis, e.g., (\$50).
- Line 4 Additions to tax are calculated on the individual taxes. Complete the following calculations to determine the amount due, if applicable, for each line.

Line 4(a) INTEREST: Interest is calculated on the balance of tax due from the original due date to the date paid at the applicable rate listed below. Enter result on Line 4(a).

$$\frac{\text{X} \cdot \text{X}}{\text{Number of days} \quad \text{Daily rate decimal equivalent} \quad \text{Tax Due (Line 3)}} = \text{Interest due}$$

NOTE: The interest rate is recomputed each year under the provisions of RSA 21-J:28, II. Applicable rates are as follows:

PERIOD	RATE	DAILY RATE DECIMAL EQUIVALENT
1/1/2010 - 12/31/2010	6%	.000164
1/1/2009 - 12/31/2009	7%	.000192
1/1/2008 - 12/31/2008	10%	.000273
1/1/2007 - 12/31/2007	10%	.000274
1/1/2006 - 12/31/2006	8%	.000219

Contact the Department for applicable rates for any other tax periods.

Line 4(b) FAILURE TO PAY: A penalty equal to 10% of any nonpayment or underpayment of taxes shall be imposed if the taxpayer fails to pay the tax when due. If the failure to pay is due to fraud, the penalty shall be 50% of the amount of the nonpayment or underpayment.

Line 4(c) FAILURE TO FILE: A taxpayer failing to timely file a complete return may be subject to a penalty equal to 5% of the tax due or \$10, whichever is greater, for each month or part thereof that the return remains unfiled or incomplete. The total amount of this penalty shall not exceed 25% of the balance of tax due or \$50, whichever is greater. Calculate this penalty starting from the original due date of the return until the date a complete return is filed.

Line 4(d) UNDERPAYMENT PENALTY: If Line 1(a) or 1(b) is more than \$200 you were required to file estimated Business Profits Tax and/or Business Enterprise Tax payments during the taxable period. To calculate your penalty for nonpayment or underpayment of estimates, or to determine if you qualify for an exception from filing estimates payments, complete and **attach** Form DP-2210/2220. Use only one Form DP-2210/2220 to calculate the underpayment of estimated taxes for both the Business Enterprise and Business Profits Taxes. Form DP-2210/2220 may be obtained from our web site at www.nh.gov/revenue or by calling (603) 271-2192.

- Line 4 Enter the total of Lines 4(a) through 4(d).
- Line 5(a) Enter total of Line 3 and Line 4 for subtotal of amount due.
- Line 5(b) Enter the amount of payments made electronically for this return only. Any extension or estimate payments made electronically should be included on Lines 2(a) and 2(b).
- Line 5 Enter the amount of Line 5(a) minus Line 5(b). **This is the balance due.**
Make check or money order payable to: STATE OF NEW HAMPSHIRE. If less than \$1.00, do not pay, but still file the return(s). Enclose, but do not staple or tape, your payment with the Form BT-SUMMARY and attachments. To ensure the check is credited to the proper account, put your SSN, FEIN OR DIN on the check.
- Line 6 If the total tax (Line 1) plus interest and penalties (Line 4) is less than the payments [(Line 2) plus Line 5(b)] then you have overpaid. Enter the amount overpaid.
- Line 7 The taxpayer has an option of applying any or all of the overpayment as a credit toward next year's tax liability. Enter the desired credit on Line 7(a). The remainder, if any, which will be refunded, should be entered on Line 7(b). If Line 7(a) is not completed, the entire overpayment will be refunded.

STEP 5: SIGNATURE & POA'S

The Form BT-SUMMARY and return(s) must be dated and signed in ink by the taxpayer or authorized agent.

If you are filing a joint return, then **both** you and your spouse/CU Partner or authorized agent must sign and date the return, in ink. If the return was completed by a paid preparer, then the preparer must also sign and date the return in ink. The preparer must also enter their federal employer identification number, social security number, or federal preparer tax identification number (PTIN) and their complete address. By checking the POA box, the taxpayer authorizes the staff of the DRA to discuss this return with the preparer listed on the front of the return. This is a limited POA for this return only. The Department may request a completed Form DP-2848 for discussion of any other tax period or matter.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS ENTERPRISE TAX RETURN INSTRUCTIONS

FORM BET is required for all Corporations, Partnerships, Estates, Trusts, Non-Profits, LLC's and Combined Groups to report Business Enterprise Tax.

FORM BET-PROP is required for Proprietorships and Single Member Limited Liability Companies that are disregarded for purposes of federal taxation and the member is an individual to report Business Enterprise Tax.

STEP 1: NAME, IDENTIFICATION NUMBER, AND TAXABLE PERIOD

Whenever FEIN's or SSN's are required, taxpayers who have been issued a DIN, shall use their DIN only, and not the FEIN or SSN.

At the top of the return enter the beginning and ending dates of the taxable period if different than the calendar year.

FORM BET: PRINT the Corporate, Partnership, Estate, Trust, Non-Profit or LLC name. Combined filers PRINT the Principal NH Business Organization's name. Enter the Federal Employer Identification, Social Security or Department Identification Number in the space provided.

FORM BET-PROP: Print the primary individual's name and SSN and the spouses name and SSN, if both have a filing requirement. SMLLCs issued a unique and separate Federal Employer Identification Number (FEIN) must enter the FEIN and not the individual member's SSN.

BET-80 APPORTIONMENT

If your business activity is conducted both inside and outside New Hampshire and is subject to tax in another state, whether or not actually imposed by the state, complete Form BET-80, BUSINESS ENTERPRISE TAX APPORTIONMENT, to determine the values for Lines 1, 2 and 3 of the Form BET.

Note: Combined group filers are required to complete the BET-80-WE to account for each individual nexus entity to determine the values for Lines 1, 2, and 3 of the Form BET.

BET Nexus differs from BPT Nexus (see RSA 77-E).

If both you and your spouse/CU Partner conduct separate business activities both inside and outside New Hampshire, then each must complete a **separate** Form BET-80 (which may be obtained by accessing our web site at www.nh.gov/revenue or by calling (603) 271-2192). After completing Form BET-80, enter the amount from Line 17 on Line 1 of your Form BET-PROP. Enter the amount from Line 24 on Line 2 of your Form BET-PROP. Enter the amount from Line 29 on Line 3 of your Form BET-PROP. Proceed to Line 4.

STEP 2: COMPUTE THE TAXABLE ENTERPRISE VALUE TAX BASE

If business activity was both **inside and outside** NH:

Line 1 Enter the total amount from the BET-80, Line 17*
Line 2 Enter the total amount from the BET-80, Line 24*
Line 3 Enter the total amount from the BET-80, Line 29*
Line 4 Enter the sum of Lines 1, 2, and 3.

* Combined filers must transfer the amounts from BET-80-WE Lines 17 (a), 24 (a) and 29 (a) respectively.

If business activity was **100% inside** New Hampshire:

Line 1 Enter the total dividends paid.
Line 2 Enter the total compensation on wages paid or accrued.
Line 3 Enter the total interest paid or accrued.
Line 4 Enter the sum of Lines 1, 2, and 3.

See BET Quick Checklist for what is a dividend, compensation or interest.

LINE 1: DIVIDENDS PAID

Enter the amount of dividends paid.

LINE 2: COMPENSATION AND WAGES PAID OR ACCRUED

Enter the amount of compensation paid or accrued, per RSA 77-E:1,V, including deferred compensation. Include all wages, salaries, fees, bonuses, commissions or other payments paid or accrued in the taxable period. This includes compensation on behalf of or for the benefit of employees, officers or directors of the business enterprise and subject to or specifically exempt from withholding under Section 3401 of the IRC.

The compensation amount entered on Line 2 should include the amount of any compensation deduction taken under the Business Profits Tax pursuant to RSA 77-A:4,III in the taxable period. It should also include any net earnings from self-employment subject to tax under Section 1401 of the IRC to the extent it was not included in the amount of any deduction taken under the Business Profits Tax pursuant to RSA 77-A:4,III in the taxable period. Regarding partnerships, the net earnings from self-employment do include a partner's distributive share of the partnership earnings.

LINE 3: INTEREST PAID OR ACCRUED

Enter the amount of interest paid or accrued. Per RSA 77-E:1, XI, "Interest" means: all amounts paid or accrued for the use or forbearance of money or property.

LINE 4: TAXABLE ENTERPRISE VALUE TAX BASE

Enter the sum of Lines 1, 2 and 3.

Form BET-PROP: Enter the sum of Lines 1, 2 and 3, columns A and B.

STEP 3: FIGURE YOUR TAX

LINE 5: NEW HAMPSHIRE BUSINESS ENTERPRISE TAX

Multiply Line 4 by .0075.

Form BET-PROP: Multiply Line 4, columns A & B by .0075.

Line 5 is the sum of Line 5(a), column A & B.

LINE 6: STATUTORY CREDITS

CDFA Credit (Investment Tax Credit RSA 162-L:10 & RSA 77-A:5,XI). Enter the amount of any CDFA Investment Tax Credit claimed pursuant to RSA 162-L:10. The amount of the credit shall not exceed the lesser of the total Business Enterprise Tax liability or \$200,000 for tax periods ending prior to July 1, 1999 or \$1,000,000 for tax periods ending after June 30, 1999. If you also claim this credit on your BPT or other tax forms(s) the combined total shall not exceed \$200,000 for tax periods ending prior to July 1, 1999 or \$1,000,000 for tax periods ending after June 30, 1999.

Community Reinvestment and Opportunity Zone Tax Credit ("CROP"). RSA 162-N:7 CROP Zone Tax Credit was repealed for tax years ending on or after 7/1/07. The law provided that the credit shall be available for tax liabilities arising during the 5 consecutive tax periods following the signing of the agreement. As a result, although the law was repealed, the carry forwards may be available.

Economic Revitalization Zone (ERZ) Tax Credit. The ERZ may be utilized as a credit against BET or BPT. The ERZ Credits applied first against BPT shall not be available as a credit against BET. ERZ Credit applied first against BET shall be considered BET paid and available as a credit against BPT only to the extent it is a credit against BET. The NH Department of Resources and Economic Development (DRED) awards the ERZ Credit pursuant to RSA 162-N.

Research & Development Tax Credit enter the unused amount of BPT credit awarded by the Department with taxpayer's application (Form DP-165) pursuant to RSA 162-P.

Coos County Job Creation Tax Credit enter the amount taken (DRED Form CJCTC-1A application) as authorized by Department of Resources & Economic Development (DRED) by RSA 162-Q.

Enter the sum of 6(a) through 6(e) on Line 6.

LINE 7: NEW HAMPSHIRE BUSINESS ENTERPRISE TAX BALANCE DUE

Enter the amount of Line 5 minus Line 6. **IF NEGATIVE, ENTER ZERO.**

ENTER THE AMOUNT FROM LINE 7 ON LINE 1(a) OF THE BT-SUMMARY.

QUICK CHECKLIST

- DIVIDENDS -

"Dividends" means any distribution of money or property, other than the distribution of newly issued stock, to owners of the business enterprise with respect to their ownership interest in such enterprise from the accumulated revenues and profits of the enterprise.

Dividends Subject to Tax

- All property transferred from the accumulated profits of a business enterprise to an owner with respect to the owner's ownership interest.
- All personal expenditures made by a business enterprise on behalf of an owner which have not been properly reported as compensation or loans for federal income tax purposes.
- Forgiveness of an owner's indebtedness to the business enterprise, unless reported as compensation or interest to the individual and included in those elements of the Enterprise Value Tax Base.
- Automatic re-investment of property distributed from accumulated profits into additional stock.

Non-Taxable Dividends

- Amounts deducted under RSA 77-A:4, III for personal services of the proprietor or partner. (also see the compensation section).
- Distribution in liquidation or in complete redemption of an owner's interest.
- Any deemed dividend election that may be made by members of an affiliated group.
- Cash or non-cash payments of life, sickness, accident, or other benefits to members or their dependents or designated beneficiaries from VEBA'S (Voluntary Employees' Beneficiary Association) qualified under Section 501(c)(9) of the IRC.
- Distributions of money or property to participants from any common trust fund as defined under Section 584 of the IRC.
- Life insurance dividends.
- Payments of interest on deposits of depositors of a mutual bank or credit union.
- Distributions of money or property to or on behalf of beneficiaries of a trust which is either subject to taxation under Section 641 or 664 of the IRC.
- Patronage dividends.
- Distributions of money or property to beneficiaries of a trust qualified under Section 401 of the IRC.
- Policy holder dividends as defined under Section 808 of the IRC, to extent such dividends are not reduced pursuant to Section 809 of the IRC.

QUICK CHECKLIST

- COMPENSATION -

“Compensation” means all wages, salaries, fees, bonuses, commissions or other payments paid or accrued in the taxable period on behalf of employees, officers or directors of the business enterprise and subject to, or specifically exempt from, withholding under IRC 3401.

Compensation Subject to Tax

- Wages subject to federal income tax withholding.
- Contributions on behalf of employees to qualified pension, profit-sharing and stock bonus plans.
- Contributions on behalf of employees to annuity or deferred-payment plans.
- Fringe benefits provided to and included in gross income of employees for federal income tax purposes.
- Imputed interest on a below market compensation related loan between employer and employee.
- The “Compensation for Personal Services” deduction taken on the New Hampshire BPT return by a proprietorship, partnership, or limited liability company pursuant to RSA 77-A:4, III.
- The remainder, if any, of the guaranteed payments to partners reduced by the New Hampshire BPT Compensation for Personal Services deduction.
- Other payments, including the payment of debts, expenses or other liabilities pursuant to Rev 2402.01.

Non-taxable Compensation

- Payment for independent contractors where no employer/employee relationship exists.
- Payments in the form of or for the following services:
 - IRC 3401(a) (1) Members of the armed forces
 - IRC 3401(a) (9) Ministers
 - IRC 3401(a) (10) Paper boys and girls under the age of 18
 - IRC 3401(a) (13) Volunteers of Peace Corps
 - IRC 3401(a) (14) Group term life insurance on the life of an employee
 - IRC 3401(a) (15) Moving expenses
 - IRC 3401(a) (16) Non-cash or cash tips to an employee if not deductible by the employer
 - IRC 3401(a) (18) Educational assistance
 - IRC 3401(a) (19) Scholarships
 - IRC 3401(a) (20) Medical reimbursements.
- Health Insurance.
- Taxpayer's distributive share of net earnings from a trade or business conducted by another business enterprise.
- Self-employment income retained for use in enterprise but not deducted under RSA 77-A:4, III.

- INTEREST -

“Interest” means all amounts paid or accrued for the use or forbearance of money or property.

Interest Subject to Tax

- Interest paid or accrued not reduced by interest income or other fee income and without regard to any federal deductibility limitation or federal capitalization requirements.
- Property transferred by a business enterprise not classified as interest, but the substance of the transaction indicates that the payment was made in lieu of interest.

Non-taxable Interest

- Amount paid, credited or set aside in connection with reserves by insurers to fulfill policy and contractual responsibilities to policy holders.
- Amount paid by VEBA's (Voluntary Employees' Benefit Associations) qualified under Section 501(c) (9) of the IRC to fulfill obligations to members.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**BUSINESS ENTERPRISE TAX APPORTIONMENT
FORMS BET-80 & BET-80-WE INSTRUCTIONS**

WHO MUST APPORTION

A business enterprise must apportion its enterprise value tax base if:

- Its business activities are conducted both inside and outside New Hampshire, AND
- The business enterprise is subject to a business privilege tax, a net income tax, a franchise tax based upon net income, or a capital stock tax in another state, or is subject to the jurisdiction of another state to impose a net income tax or capital stock tax upon it, whether or not it is actually imposed by the other state.

Combined Group Filers: The individual nexus members must apportion the separate entities, activities, using the Form BET-80-WE.

LINE-BY-LINE INSTRUCTIONS

NAME & IDENTIFICATION NUMBER

At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year. PRINT the taxpayer's name, federal employer identification number, social security number, or department identification number in the spaces provided. Social security numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever social security numbers or federal employer identification numbers are required, taxpayers who have been issued a DIN, shall use their DIN only, and not their SSN or FEIN.

Combined groups on Form BET-80-WE, enter the name and federal identification number of each nexus member at the top of each column. If additional columns are needed attach a schedule using the same format. Complete Lines 1 through 29 separately for each New Hampshire nexus member in the combined group. Note: BET nexus differs from BPT nexus. Public Law 86-272 does not apply to BET.

SECTION I APPORTIONMENT FACTORS

COMPENSATION AND WAGES FACTOR

LINE 1 & 2

Enter on Line 1 the "New Hampshire" compensation and wages paid or accrued. Enter on Line 2 the "EVERYWHERE" compensation and wages paid or accrued.

"Compensation and wages" includes all wages, salaries, fees, bonuses, commissions or other payments paid or accrued, including deferred compensation, in the taxable period. This includes compensation on behalf of or for the benefit of employees, officers or directors of the business enterprise and subject to or specifically exempt from withholding under Internal Revenue Code (IRC) Section 3401. Payments made expressly exempt from withholding under IRC Sections 3401(a) (1), (9), (10), (13), (14), (15), (16), (18), (19), and (20) should not be included.

For Proprietorships and Partnerships: The compensation amount entered on Line 18 should include the amount of any compensation deduction taken under the Business Profits Tax pursuant to RSA 77-A:4, III in the taxable period. The remainder, if any, of the guaranteed payments to partners reduced by the New Hampshire BPT Compensation for Personal Services deduction. It should also include any net earnings from self-employment subject to tax under IRC Section 1401 to the extent it was not included in the amount of any deduction taken under the Business Profits Tax pursuant to RSA 77-A:4, III in the taxable period.

LINE 3

Enter on Line 3 the amount of Line 1 divided by Line 2. Express this amount as a decimal to six places.

INTEREST FACTOR

LINES 4 & 5

Enter on Line 4 the average value of beginning and ending "New Hampshire" real and tangible personal property owned and employed. Enter on Line 5 the average value of beginning and ending "EVERYWHERE" real and

tangible personal property owned and employed. Property includes all real and tangible personal property owned and employed by the business enterprise during the taxable period in the regular course of its trade or business. Leasehold improvements are treated as property owned by the business enterprise. Real and tangible personal property which is rented or leased is NOT included in the Business Enterprise Tax interest factor.

"Real and tangible personal property" includes land, buildings, improvements, equipment, merchandise or manufacturing inventories, leasehold improvements and other similar property that reflects the enterprise's business activities. Property shall be included if it is actually used or is available for or capable of being used during the taxable period in the regular course of the trade or business of the enterprise. Property or equipment under construction during the taxable period, except inventoriable goods in process, shall be excluded until such property is actually used or available for use by the business enterprise in its regular trade or business.

Valuation of Owned Property: Property owned by the business enterprise must be valued at its original cost. "Original cost" is the basis of the property for federal income tax purposes at the time of acquisition, prior to any federal adjustments, and adjusted by subsequent sale, exchange, abandonment, etc. Inventory is included in accordance with the valuation method used for federal income tax purposes.

Average Value of Owned Property: The beginning and ending cost of owned property is used to determine the average cost for the property. Where fluctuations in values exist during the period or where property is acquired or disposed of during the period, a monthly average shall be used to prevent distortions. "Beginning of Period" means the start of the taxable period or when available for use.

LINE 6

Enter on Line 6 the amount of Line 4 divided by Line 5. Express this amount as a decimal to six places.

DIVIDEND FACTOR

LINES 7 & 8

Enter on Line 7 the "New Hampshire" sales. Enter on Line 8 the "EVERYWHERE" sales. Sales include:

- sales less returns and allowances,
- interest, rents and royalties,
- dividends which are not eligible for the dividend deduction under RSA 77-E:3, II and III,
- capital gain income,
- net gains or losses, and
- other income unless the other income is properly includible as a reduction of an expense or allowance.

LINE 9

Enter on Line 9 the amount of Line 7 divided by Line 8. Express this amount as a decimal to six places.

LINE 10

Enter on Line 10 the sum of the Lines 3, 6 and 9.

LINE 11

Enter on Line 11 the amount of Line 10 divided by 3. Express this amount as a decimal to six places. If there are only two "EVERYWHERE" factors, then divide by 2; if only one "EVERYWHERE" factor, divide by 1.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS ENTERPRISE TAX APPORTIONMENT
FORMS BET-80 & BET-80-WE INSTRUCTIONS (continued)

**SECTION II BUSINESS ENTERPRISE TAX BASE
APPORTIONMENT**

**DIVIDEND APPORTIONMENT
LINE 12**

Enter the amount of dividends paid. "Dividends" means any distribution of money or property, other than the distribution of newly issued stock of the same enterprise, to the owners of a business with respect to their ownership interest in such enterprise from accumulated revenues and profits of the enterprise. See the Quick Checklist for dividends not included.

LINE 13

Enter the amount allowed for dividends received from members of an affiliated group of business enterprises, as provided in RSA 77-E:3, II and III. Include only those dividends which have previously been included in the payor corporation's taxable business enterprise value tax base, subject to taxation under the Business Enterprise Tax law.

LINE 14

Enter the amount of Line 12 minus Line 13.

LINE 15

Enter the DIVIDEND FACTOR from Line 11.

LINE 16

Enter the product of Line 14 multiplied by Line 15. If negative, show in parenthesis, e.g., (\$50).

LINE 17

If Line 16 is **negative**, enter zero. If Line 16 is positive, enter this amount on Line 17.

Enter the amount from Line 17 on Line 1 of your Business Enterprise Tax Return, Form BET or Form BET-PROP.

LINE 17(a) For Combined Group BET-80-WE

Sum of columns 17(A), 17(B) & 17(C), for all Nexus Members of the Combined Group on Line 17(a). If additional columns were used, include the sum of all columns in the total. Enter this amount on Form BET, Line 1.

**COMPENSATION AND WAGES APPORTIONMENT,
INCLUDING DEFERRED COMPENSATION**

LINE 18

Enter the amount of everywhere compensation paid or accrued, including deferred compensation. Include all wages, salaries, fees, bonuses, commissions or other payments paid or accrued in the taxable period.

FOR PROPRIETORSHIPS AND PARTNERSHIPS: See Line 1 and 2 for definitions.

LINE 19

Enter the amount of any net earnings from self-employment which are retained and used for the reasonable needs of the enterprise. See Rev 2403.01 for further clarification.

LINE 20

Enter the amount of Line 18 minus Line 19.

LINE 21

Enter the COMPENSATION FACTOR from Line 3.

LINE 22

Enter the product of Line 20 multiplied by Line 21.

LINE 23 and LINE 28

If Line 16 is positive or 0, enter zero on Lines 23 and 28. If Line 16 is negative, then this amount may be applied on Line 23 to offset "TAXABLE COMPENSATION" or applied on Line 28 to offset "TAXABLE INTEREST".

The amount entered on Line 23 cannot exceed the amount on Line 22. The amount entered on Line 28 cannot exceed the amount on Line 27. The sum of Lines 23 and 28 can not exceed the amount on Line 16.

LINE 24

Enter the amount of Line 22 minus Line 23.

Enter the amount from Line 24 on Line 2 of your Business Enterprise Tax Return, Form BET or Form BET-PROP.

LINE 24(a) For Combined Group BET-80-WE

Sum COLUMNS 24(a), 24(b) & 24(c), for all Nexus Members of the Combined Group ON LINE 24(a). If additional columns were used, include the sum of all columns in the total. Enter this amount on Line 2 OF Form BET.

INTEREST APPORTIONMENT

LINE 25

Enter the amount of interest paid or accrued. Per RSA 77-E:1, XI, "Interest" means all amounts paid or accrued for the use or forbearance of money or property. The term "interest" shall not include amounts paid, credited or set aside in connection with reserves by insurers to fulfill policy and contractual responsibilities to policy holders or by voluntary employees' beneficiary associations qualified under IRC Section 501(c) (9) to fulfill obligations to members.

LINE 26

Enter the INTEREST FACTOR from Line 6

LINE 27

Enter the product of Line 25 multiplied by Line 26.

LINE 28

See instructions for Line 23.

LINE 29

Enter the amount of Line 27 minus Line 28.

Enter the amount from Line 29 on Line 3 of your Business Enterprise Tax Return, Form BET or Form BET-PROP.

LINE 29(a) For Combined Group BET-80-WE

ENTER the sum of Columns 29(A), 29(B) & 29(C), for all nexus members of the combined group on Line 29(a). If additional columns were used, include the sum of all columns in the total. Enter this amount on Form BET, Line 3.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS PROFITS TAX APPORTIONMENT
FORM DP-80 INSTRUCTIONS

WHO MUST APPORTION

A business organization must apportion its income if:

- Its business activities are conducted both inside and outside New Hampshire, **AND**
- The business organization is subject to a net income tax, a franchise tax based upon net income or a capital stock tax in another state or is subject to the jurisdiction of another state to impose a net income tax or capital stock tax upon it, whether or not actually imposed by the other state. See RSA 77-A:3.

INCOME SUBJECT TO APPORTIONMENT

The Business Profits Tax law, RSA 77-A, does not contain a provision differentiating between business and non-business income. All income constitutes business income subject to apportionment unless specifically excluded by RSA 77-A.

LINE-BY-LINE INSTRUCTIONS

NAME & IDENTIFICATION NUMBER

At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year. PRINT the taxpayer's name, federal employer identification number, social security number, or department identification number in the spaces provided. Social security numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever social security numbers or federal employer identification numbers are required, taxpayers who have been issued a DIN, shall use their DIN only, and not their SSN or FEIN.

For each Line 1, 2, and 3 show in (a) the dollar amount attributable to the organization's "EVERYWHERE" (the denominator) and show in (b) the dollar amount attributable to "NEW HAMPSHIRE" (the numerator).

Business organizations included in a combined group must eliminate all intercompany transactions with other members of the unitary group from both the numerator and the denominator. Business organizations that have flow through items should not include those items in their apportionment factors.

LINE 1: SALES/RECEIPTS FACTOR:

The sales/receipts factor includes, but may not be limited to:

- sales, less returns and allowances,
- interest, rents and royalties,
- capital gain net income,
- net gains or losses, and
- other income unless the item is properly includible as a reduction of an expense or allowance.

Enter Everywhere sales in 1(a). Enter New Hampshire sales in 1(b). Divide 1(b) by 1(a). Multiply the result by 2. Enter the result in Line 1(c) expressed as a decimal to six places.

LINE 2: PAYROLL FACTOR

The payroll factor is the total compensation consisting of wages, salaries, commissions and other forms of remuneration paid during the taxable period to employees for personal services. Employee benefits should not be included in the payroll factor.

Enter Everywhere payroll in 2(a). Enter NEW HAMPSHIRE payroll in 2(b). Divide 2(b) by 2(a) and enter the result express as a decimal to six places in 2(c).

LINE 3: PROPERTY FACTOR

The property factor includes all real and tangible personal property owned, rented and employed by the business organization during the tax period in the regular course of its trade or business. Leasehold improvements are treated as property owned by the business organization. Other tangible assets should be listed separately under 3(a) and 3(b).

"Real and tangible personal property" includes land, buildings, improvements, equipment, merchandise or manufacturing inventories, leasehold improvements and other similar property that reflects the organization's business activities. Property shall be included in the property factor if it is actually used or is available for use or capable of being used during the taxable period in the regular course of the trade or business of the organization. Property or equipment under construction during the taxable period, except inventoriable goods in process, shall be excluded from the factor until such property is actually used or available for use by the business organization in its regular trade or business.

Valuation of Owned Property: Property owned by the business organization must be valued at its original cost. "Original cost" is the basis of the property for federal income tax purposes at the time of acquisition, prior to any federal adjustments, and adjusted by subsequent sale, exchange, abandonment, etc. Inventory is included in the property factor in accordance with the valuation method used for federal income tax purposes.

Valuation of Rented Property: Property rented by a business organization is valued at **8 times** the net annual rental rate. The net rental rate is the annual rental rate paid by the business organization less any annual rental rate received by the business organization from sub-rentals.

Average Value of Owned Property: The beginning and ending cost of owned property is used to determine the average cost for the property factor. Where fluctuations in values exist during the period or where property is acquired or disposed of during the period, a monthly average shall be used to prevent distortions. "Beginning of Period" means the start of the tax period or when the assets are available for use.

Enter Everywhere property in 3(a). Enter New Hampshire property in 3(b). Divide 3(b) by 3(a) and enter the result expressed as a decimal to six places in 3(c).

LINE 4: Enter the total of Lines 1(c), 2(c) and 3(c).

LINE 5: NEW HAMPSHIRE APPORTIONMENT

Enter the result of Line 4 divided by 4. Express as a decimal to six places. **If there are less than three factors with an "EVERYWHERE" denominator, then divide Line 4 as follows:**

- Sales/Receipts and Payroll—divide by 3
- Sales/Receipts and Property—divide by 3
- Payroll and Property—divide by 2
- Sales/Receipts only—divide by 2
- Property OR Payroll only—divide by 1

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PROPRIETORSHIP BUSINESS PROFITS TAX RETURN
FORM NH-1040 INSTRUCTIONS

STEP 1 NAME & IDENTIFICATION NUMBER

At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year.

PRINT the taxpayer's name, Social Security Number (SSN), Federal Employer Identification Number (FEIN), or Department Identification Number (DIN) in the spaces provided.

Enter spouse/CU Partner's name and SSN in the spaces provided for separate proprietorship only.

NOTE

CU Partner/Spouses may NOT combine net results of separately held business organizations. All applicable federal forms, schedules C, D, E, F, 4797, or 6252, as applicable, must be attached. Social Security Numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever SSN's or FEIN's are required, taxpayers who have been issued a DIN, shall use their DIN only, and not SSN or FEIN.

STEP 2 FIGURE YOUR TAX

**LINE 1
IRC RECONCILIATION**

Check the box and complete the Schedule R for each separate activity to reconcile federal taxable income to NH taxable income based on the IRC in effect on December 31, 2000.

PROFIT (LOSS) FROM BUSINESS

Enter the total net profit (loss) of all your Schedule C business activities in the respective column. Be sure to enter the net profit (loss) from all of your separate business activities in your column and all of the net income (loss) from your spouse/CU Partner's separate business activities in the spouse/CU Partner's column. **SPOUSE/CU PARTNERS JOINTLY OWNING AND OPERATING A SCHEDULE C BUSINESS ACTIVITY WILL BE PRESUMED TO BE A SINGLE PROPRIETORSHIP AND SHOULD REPORT THE TOTAL PROFIT (LOSS) UNDER ONE COLUMN.** If a loss, show dollar amounts in parenthesis, e.g. (\$50). If any of the Schedule C activity is conducted outside New Hampshire, you must report on Line 1 the TOTAL net profit (loss) from all Schedule C activity. You are also required to complete and file Form DP-80, Apportionment of Income. See Line 12 for further instructions on apportionment.

**LINE 2
RENTAL INCOME (LOSS)**

Enter the total amount of rental income (loss) attributable to you and/or your spouse/CU Partner under the appropriate column. **SPOUSE/CU PARTNERS JOINTLY OWNING OR SELLING RENTAL PROPERTY WILL BE PRESUMED TO BE A SINGLE PROPRIETORSHIP AND SHOULD REPORT THE TOTAL RENTAL INCOME (LOSS) UNDER ONE COLUMN.** If the rental income (loss) is derived from joint ownership and the other owner is not reporting on this form, attach a schedule showing the joint owner's name(s), social security number(s) and respective share of net income (loss).

If rental property is owned both inside and outside New Hampshire, you must report on Line 2 the TOTAL net income (loss) from all rental property activity. You are also required to complete and file Form DP-80, Apportionment of Income. See Line 12 for further instructions on apportionment.

LINE 2(a)

Enter the total of Federal Form 1040, Schedule E, Line 22, columns A + B + C. Include only the Line 22 amounts attributable to rental activity.

LINE 2(b)

Enter the amount shown on Federal Form 4835, Net Farm Rental Profit (Loss), Line 32. If a loss, show dollar amount in parenthesis, e.g. (\$50).

LINE 2(c)

Enter the sum of Lines 2(a) and 2(b) on Line 2(c) separately for Column A and Column B.

**LINE 3
FARM PROFIT (LOSS)**

Enter the total amount of your net farm profit (loss) from Federal Form 1040, Schedule F, Line 36.

**LINE 4
NET GAIN (LOSS) ON SALE OF ASSETS FROM A BUSINESS,
FARMING AND/OR RENTAL ACTIVITIES.**

LINE 4(a) and LINE 4(b)

If you need additional space, attach a schedule.

- Column 1: Enter the description of property held or used for business as shown on Federal Form 1040, Schedule D or Form 4797, e.g., land, building, vehicle, etc.
- Column 2: Enter the amount shown on Schedule D or Form 4797 as a gain (loss). If a loss, show dollar amount in parenthesis, e.g. (\$50).
- Column 3: Enter any amount which is attributable to an accumulated passive loss used to calculate the gain (loss) reported in Column 2.
- Column 4: Enter the total of Column 2 plus Column 3.
- Column 5: Enter the amount shown in Column 4 which is attributable to you.
- Column 6: Enter the amount shown in Column 4 which is attributable to your spouse/CU Partner.

LINE 4(c)

Enter the total of Lines 4(a) and 4(b) on Line 4(c) separately for Column A and Column B.

**LINE 5
INSTALLMENT GAIN (LOSS)**

Taxpayers who are reporting the sale of business assets on the installment basis for federal tax purposes must also use the installment method on Form NH-1040. Under certain conditions, an election can be made by using Form DP-95 to report the entire gain in the year of sale. Form DP-95 may be obtained by calling (603) 271-2192 or from our web site at www.nh.gov/revenue.

Taxpayers who have sold business or rental property on the installment basis will be considered a business organization until all the installments have been reported and the total tax paid. You MUST file a return every year, regardless of the amount of installments, if the actual sales price exceeded \$50,000 for taxable periods ending July 1, 1993, to the present.

LINE 5(a) and LINE 5(b)

If you need additional space, attach a schedule.

- Column 1: Enter the original date of the sale.
- Column 2: Enter the taxable amount of gain or loss from Federal Form 6252 for this tax year. If a loss, show dollar amount in parenthesis, e.g. (\$50).
- Column 3: Enter any amount which is attributable to an accumulated passive loss used to calculate the gain (loss) reported in Column 2.
- Column 4: Enter the total of Column 2 plus Column 3.
- Column 5: Enter the amount shown in Column 4 which is attributable to you.
- Column 6: Enter the amount shown in Column 4 which is attributable to your spouse/CU Partner.

LINE 5(c)

Enter the total of Lines 5(a) and 5(b) on Line 5(c).

LINE 6

Combine Lines 1, 2(c), 3, 4(c) and 5(c) separately for Column A and Column B.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PROPRIETORSHIP BUSINESS PROFITS TAX RETURN
FORM NH-1040 INSTRUCTIONS (continued)

LINE 7
NEW HAMPSHIRE NET OPERATING LOSS DEDUCTION

Enter the amount of carryforward loss available as shown on Line 11 of Form DP-132. A separate Form DP-132 must be filed for you and your spouse/CU Partner. Form DP-132 must be attached to the return.

LINE 8
COMPENSATION FOR PERSONAL SERVICES
(SEE COMPENSATION WORKSHEET)

Enter on Line 7 the value of the services performed by the proprietor during the taxable period. Enter the proprietor's compensation in Column A and enter your spouse/CU Partner's compensation in Column B. Compensation is only allowed for the proprietor who actually renders personal services to the business organization. The **MINIMUM** statutory deduction of \$6,000 is allowed for actual services rendered during the current taxable period. RSA 77-A:4 limits the **MAXIMUM** compensation deduction to the sum of the following amounts included in your federal income tax schedules after you consider the amount of income attributable to the return on Business Assets and return on non-owner employees wages: Prop-Comp worksheet should be used to make this calculation.

- (1) Net profit (loss) from Federal Form 1040, Schedule C;
- (2) Income (loss) from rental properties from Federal Form 1040, Schedule E;
- (3) Net farm profit (loss) from Federal Form 1040, Schedule F;
- (4) Not to exceed 15% of the sales price as shown on Federal Form 4797 or 6252 for the sale of business assets provided you acted as the broker or agent and no other broker or agent was involved in the sale of the property.
- (5) **In instances where the proprietor acts as a co-broker, the maximum deduction shall be the difference between the amount to be determined in (4) above and the amounts paid to other brokers or agents.**

A business organization may utilize comparative compensation data from business organizations of similar size, volume and complexity from industry statistics or from publications such as the most current editions of the Occupational Outlook Handbook published by the US Department of Labor Statistics and available at www.bls.gov and the New Hampshire Wages and Benefits published by the New Hampshire Department of Employment Security and available at www.nhes.state.nh.us, as a reference point. **You must maintain adequate records to substantiate the activities performed by you and the methods used to determine the rate of compensation for such activities.**

LINE 9
OTHER ADDITIONS AND DEDUCTIONS

Enter in Column A the net total of all your other additions and deductions allowed or required under RSA 77-A:4. Enter the net total of your spouse/CU Partner's additions and deductions in Column B. Show negative amounts in parenthesis, e.g. (\$50).

LINE 10
ADJUSTED GROSS BUSINESS PROFITS

Combine Lines 6 through 9. If negative, show in parenthesis e.g. (\$50).

LINE 11
NEW HAMPSHIRE APPORTIONMENT

Proprietorships which have business activity, including rental activity, both inside and outside this state AND which are subject to income taxes (or a franchise tax measured by net income) in another state, or is subject to the jurisdiction of another state to impose a net income tax or capital stock tax upon it, whether or not actually imposed by the other state, must apportion its gross business profits to New Hampshire by using Form DP-80, Apportionment of Income. If you and your spouse/CU Partner each conduct separate business activities both inside and outside New Hampshire, each must complete a separate Form DP-80. Be sure to identify your form by using your social security number and your spouse/CU Partner's form by using your spouse/CU Partner's social security number. Form DP-80 may be obtained from the web site at www.nh.gov/revenue or by calling (603) 271-2192. After completing Form DP-80, enter the apportionment percentage on Line 12 of your Form NH-1040. Show to six decimal places. **All others enter 1.00 on Line 11.**

LINE 12

Enter the product of Line 10 multiplied by Line 11. If negative, enter zero.

LINE 13

Enter the product of Line 12 multiplied by 8.5%.

STEP 3 FIGURE YOUR CREDITS

LINE 14
CREDITS

Enter the amount of credits allowed under RSA 77-A:5. **Form DP-160, Schedule of Business Profits Tax Credits, must be filed with the return to support all credits claimed on Line 14.** If both you and your spouse/CU Partner are claiming credits on Line 14, then you must file two separate DP-160 Forms. Be sure to identify your form by using your social security number and your spouse/CU Partner's form by using your spouse/CU Partner's social security number. Form DP-160 may be obtained from our web site at www.nh.gov/revenue or by calling (603) 271-2192.

DO NOT INCLUDE THE BET CREDIT ON THIS LINE.

LINE 15

Enter the amount of Line 13 minus Line 14.

LINE 16
BUSINESS ENTERPRISE TAX CREDIT

Business Enterprise Tax paid shall be applied as a credit against Business Profits Tax. Any unused portion of the credit may be carried forward and allowed against Business Profits Tax due for up to 5 taxable periods from the period in which the Business Enterprise Tax was paid.

To calculate the BET credit to be applied against this year's BPT, complete the BET Credit worksheet for both you and your spouse/CU Partner. The proprietor and spouse/CU Partner proprietor must calculate their BET Credits separately and should complete two separate BET Credit Worksheets.

LINE 17

Enter the lesser amount of Line 15 or Line 16. If Line 16 is greater than Line 15, then a "Business Enterprise Tax Credit" carryforward exists. Any unused portion of the current period's Business Enterprise Tax Credit may be carried forward and allowed against any Business Profits Tax due in a subsequent taxable period.

LINE 18
BUSINESS PROFITS TAX NET OF STATUTORY CREDITS

- (a) Enter the amount of Line 15 minus Line 17.
- (b) Enter the sum of Line 18(a) Columns A and B. **IF NEGATIVE, ENTER ZERO. ENTER THE AMOUNT FROM LINE 18(b) ON LINE 1(b) OF THE BT-SUMMARY.**

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
FIDUCIARY BUSINESS PROFITS TAX RETURN
FORM NH-1041 INSTRUCTIONS

STEP 1: NAME & IDENTIFICATION NUMBER

At the top of the return enter the beginning and ending dates of the taxable period if different than the calendar year.

Enter the name of the estate or trust, and federal identification number.

STEP 2: FIGURE YOUR TAX

IRC RECONCILIATION: Check the box and complete the Schedule R to reconcile federal taxable income to NH taxable income based on IRC in effect on December 31, 2000.

LINE 1: INCOME

- (a) Enter the gross receipts or sales from all business activity except rental receipts which should be included on Line 1(f).
- (b) Enter the amount of sales returns and allowances.
- (c) Line 1(a) minus Line 1(b).
- (d) Compute your cost of goods sold and/or operations on a separate schedule showing the beginning inventory, purchases made during the period, labor and other costs associated with producing the goods or services and the ending inventory. This schedule must be attached to your return.
- (e) Line 1(c) minus Line 1(d).
- (f) Enter the gross amount received for the rental of property. Rental expenses must be deducted on Lines 2(a) through 2(l) and not netted against the gross receipts.
- (g) Enter any other business income received by the estate or trust and any income adjustments necessary to reconcile federal taxable income to NH taxable income from Schedule R Line 2(e).
- (h) Combine Lines 1(e) through 1(g).

LINE 2: DEDUCTIONS

- (a) Enter the total fees actually paid to the fiduciary for administering the business activities of the estate or trust during the taxable period.
- (b) Enter the total amount of salaries and wages paid or incurred for the taxable period relating to business activities, provided they have not been deducted elsewhere in the return.
- (c) Enter the cost of incidental repairs that do not add to the value of business property or prolong its useful life.
- (d) Enter the business debts that have become worthless during the tax year.
- (e) Enter the expense incurred to rent space, equipment or other property used in conducting business activity.
- (f) Enter the taxes paid or accrued by the estate or trust except federal or foreign income tax or taxes paid by the fiduciary on behalf of other parties. To be deductible, the taxes must be properly assessed against the trust or estate and be for its business activities.
- (g) Enter the interest incurred on borrowed funds which have been used in the business activities reportable under the Business Profits Tax.
- (h) Enter the business related charitable contributions made during the taxable period in accordance with the IRC as defined by RSA 77-A:1, XX.
- (i) Enter the depreciation for assets used in business activities reportable under the Business Profits Tax. Attach a schedule showing the description, cost, previous depreciation taken, method and rate of depreciation and the current year amount. Federal Form 4562 may be used for this purpose.
- (j) Enter the business related expenses for travel or entertainment in accordance with the IRC as defined by RSA 77-A:1, XX.
- (k) Enter the expenses incurred for advertising the business activities of the trust or estate.
- (l) Enter the other ordinary and necessary business expenses not included in Line 1(d) or Lines 2(a) through 2(k). A schedule showing the type and amount of each deduction must be attached to this return. Also include any adjustments necessary to reconcile federal taxable income to NH taxable income from Schedule R Line 3(c).
- (m) Combine Lines 2(a) through 2(l).

LINE 3: NET GAIN (LOSS) FROM SALE OF ASSETS

(a & b) Enter a complete description of the business or rental property sold including the address if the property sold was real estate. Report the gain (loss) on the sale without the effects of federal passive loss limitation rules. If a loss, show in parenthesis, e.g. (\$50). If you need additional space, attach a schedule.

(c) Enter the total of Lines 3(a) and 3(b) on Line 3(c).

LINE 4: INSTALLMENT GAIN (LOSS)

(a & b) Taxpayers who are reporting the sale of business assets on the installment basis for federal tax purposes must also use the installment method on the Form NH-1041. Under certain conditions, an election can be made by using Form DP-95 to report the entire gain in the year of sale. Form DP-95 may be obtained from our web site at www.nh.gov/revenue or by calling (603) 271-2192.

Taxpayers who have sold business or rental property on the installment basis will be considered a business organization until all the installments have been reported and the total tax paid. You MUST file a return every year, regardless of the amount of installments, if the sale price exceeded \$50,000 for taxable periods ending July 1, 1993 to the present.

Enter the original date of the sale. Report the installment gain or (loss) received in this taxable period without the effects of federal passive loss limitation rules. If a loss, show in parenthesis, e.g. (\$50). If you need additional space, attach a schedule.

(c) Enter the total of Lines 4(a) and 4(b) on Line 4(c).

LINE 5: SEPARATE ENTITY ADJUSTMENT

Enter the amounts which arise from the necessity of adjusting gross business profits to accommodate the New Hampshire requirement of separate entity treatment for business organizations. This would include the estate or trust share of a partnership's activity in which it is a partner, as reported on Lines 1(a) through 4(c). Attach a schedule detailing this amount.

LINE 6: GROSS BUSINESS PROFITS

Combine Lines 1(h), 2(m), 3(c), 4(c) and 5. If a loss, show in parenthesis, e.g. (\$50). If this total is negative, this amount represents the estate or trust net operating loss available for future deduction. This amount may be subject to apportionment provisions.

LINE 7: NEW HAMPSHIRE ADDITIONS AND DEDUCTIONS

- (a) Enter the total New Hampshire Business Profits Tax and any income tax, franchise tax measured by net income or capital stock tax assessed by any state or political subdivision that was deducted on this year's federal return. Attach a schedule of taxes by state.
- (b) Enter the amount of carryover loss available as shown on Line 11 of Form DP-132. DP-132 must be attached to the return.
- (c) Enter the amount of gross business profits as is attributable to income derived from non-taxable interest on notes, bonds or other direct securities of the United States Government.
- (d) Add the amount of the increase in the basis of assets which was due to the sale or exchange of interest in the trust (RSA 77-A:4, XIV).
- (e) In the case of a trust or estate which is subject to taxation under RSA 77, enter the amount of interest and dividends included in Line 1(g) above attributable to the New Hampshire beneficiary pro rata share of any deduction taken on Line 7(g) or subject to taxation under RSA 77.
- (f) Enter the amount of the other additions and deductions required by RSA 77-A:4. (Attach schedule).
- (g) Enter the total of Lines 7(a) through 7(f).

LINE 8: ADJUSTED GROSS BUSINESS PROFITS

Enter the total of Line 6 as adjusted by Line 7(g). If negative, show in parenthesis, e.g. (\$50).

LINE 9: NEW HAMPSHIRE APPORTIONMENT

Fiduciaries which have business activity both inside and outside New Hampshire AND which are subject to income taxes or a franchise tax measured by net income in another state, or are subject to the jurisdiction of another state to impose a net income tax or capital stock tax, whether or not actually imposed by the other state, must apportion gross business profits to New Hampshire by using Form DP-80, Apportionment of Income. After completing Form DP-80, enter the apportionment on line 9 of your Form NH-1041. Show to six decimal places.

All others enter 1.00 on Line 9.

LINE 10: Enter the product of Line 8 multiplied by Line 9. If negative, enter zero.

LINE 11: Enter the product of Line 10 multiplied by 8.5%.

STEP 3 FIGURE YOUR CREDITS

LINE 12: CREDITS

Enter the amount of credits allowed under RSA 77-A:5, as shown on Form DP-160. **Form DP-160, Schedule of Business Profits Tax Credits, must be filed with the return to support all credits claimed on Line 12. DO NOT INCLUDE THE BET CREDIT ON THIS LINE.**

LINE 13: Enter the amount of Line 11 minus Line 12. IF NEGATIVE, ENTER ZERO.

LINE 14: BUSINESS ENTERPRISE TAX CREDIT

Business Enterprise Tax paid shall be applied as a credit against Business Profits Tax. Any unused portion of the credit may be carried forward and allowed against Business Profits Tax due for up to 5 taxable periods from the period in which the Business Enterprise Tax was paid. To calculate the BET credit to be applied against this year's BPT, complete the BET-Credit Worksheet.

LINE 15

Enter the lesser amount of Line 13 or Line 14. If Line 14 is greater than Line 13, then a Business Enterprise Tax Credit carryforward exists. Any unused portion of the current period's Business Enterprise Tax Credit may be carried forward and credited against any Business Profits Tax due in a subsequent taxable period within the 5 taxable period limitation.

LINE 16

Enter the amount of Line 13 minus Line 15. IF NEGATIVE, ENTER ZERO.

ENTER THE AMOUNT FROM LINE 16 ON LINE 1(b) OF THE BT-SUMMARY.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PARTNERSHIP BUSINESS PROFITS TAX RETURN
FORM NH-1065 INSTRUCTIONS

FEDERAL 1065-B FILERS

Taxpayers who file a 1065-B, U.S. Return of Income for Electing Large Partnerships, should follow the line descriptions and NOT the line cites. If you have questions about what items should be included or where, call Central Taxpayer Services at (603) 271-2191.

STEP 1: NAME & IDENTIFICATION NUMBER

At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year.

Indicate if any distributions were made to New Hampshire partners by checking the appropriate box.

PRINT the partnership's name or LLC, Federal Employer Identification Number (FEIN), or Department Identification Number (DIN). Wherever FEIN's are required, taxpayers who have been issued a DIN, shall use their DIN only, and not FEIN.

STEP 2: FIGURE YOUR TAX

SCHEDULE R

Taxpayers must file their New Hampshire Business Tax returns using the provision of the IRC in effect on **December 31, 2000**. Check the IRC Reconciliation box and complete the Schedule R for each separate activity.

If in any period you took any IRC Section 179 deductions for assets placed in service after December 31, 2000 or any bonus depreciation deductions for assets acquired and placed in service after September 10, 2001, you must use the Schedule R Business Profits Tax Reconciliation of New Hampshire Gross Business Profits to calculate amounts to enter in Lines 1(a), 1(b), 1(c), 1(f), Line 2 and Line 3.

LINE 1: INCOME AND DEDUCTIONS

- (a) Enter the amount of ordinary income (loss) from trade or business activities from the Federal Form 1065, Page 1.
- (b) Enter the amount of net income (loss) from rental real estate activities from Federal Form 1065, Schedule K.
- (c) Enter the amount of net income (loss) from other rental activities from Federal Form 1065, Schedule K.
- (d) Enter the total amount of interest, dividend, royalty or other income (loss) from Federal Form 1065, Schedule K.
- (e) Enter the amount of guaranteed payments to partners from Federal Form 1065, page 1.
- (f) Enter the amount of income (loss) from any partnership activities which have **NOT BEEN INCLUDED** in Lines 1 (a) through 1(e) of this return. Attach supporting schedule.
- (g) Enter the amount of partnership deductions which are deducted on Federal Form 1065, Schedule K.
- (h) Enter the total of Lines 1(a) through 1(g).

LINE 2: NET GAIN (LOSS) FROM SALE OF ASSETS

Enter a complete description of any property sold on a non-installment basis, including the address if the property was real estate. Report the gain or loss on the sale without the effects of federal passive loss limitation rules. Do not include any ordinary income or loss from the sale of the assets that was already included in Line 1 of NH-1065. If a loss, show in parenthesis, e.g. (\$50).

If there were any sales of assets on which additional IRC Section 179 deductions were reported in any year and/or for which bonus depreciation was reported in any year, you must use the Schedule R for Non-Corporate Business Profits Tax reconciliation of New Hampshire Gross Business Profits to determine the amounts to include here for those assets.

LINE 3: INSTALLMENT GAIN (LOSS)

Taxpayers who are reporting the sale of business assets on the installment basis for federal tax purposes must also use the installment method on Form NH-1065. Enter the original date of the sale. Report the installment gain (loss) received this year without the effects of federal passive loss limitation rules. Do not include any ordinary income (loss) from the

installment sale of assets that was already included in Line 1 of NH-1065. If a loss, show in parenthesis, e.g. (\$50). If there were any installment sales of assets on which additional IRC Section 179 deductions were reported in any year and/or for which bonus depreciation was reported in any year, you must use the Schedule R for Non-Corporate Business Profits Tax Reconciliation of New Hampshire Gross Business Profits to determine the amounts to include here for those assets.

Under certain conditions, an election can be made by using Form DP-95 to report the entire gain in the year of sale. Form DP-95 may be obtained by accessing our web site at www.nh.gov/revenue or by contacting the forms line at (603) 271-2192. Taxpayers who have sold business or rental property on the installment basis will be considered a business organization until all the installments have been reported and the total tax paid. The partnership MUST file a return every year, regardless of the amount of installments, if the sales price exceeded \$50,000 for tax years ending July 1, 1993 and after. If you need additional space, attach a schedule.

LINE 4: SEPARATE ENTITY ADJUSTMENT

Enter the amounts which arise from the necessity of adjusting gross business profits to accommodate the New Hampshire requirement of separate entity treatment of business organizations. This would include the partnership's share of another partnership's activity in which it is a partner as reported on Lines 1(a) through 3(c). Attach a separate schedule detailing the amount and type of adjustments.

LINE 5: GROSS BUSINESS PROFITS TAX

Combine Lines 1(h), 2(c), 3(c) and 4. If a loss, show dollar amount in parenthesis, e.g., (\$50).

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PARTNERSHIP BUSINESS PROFITS TAX RETURN
FORM NH-1065 INSTRUCTIONS (continued)

STEP 2 (continued)

LINE 6: NEW HAMPSHIRE ADDITIONS AND DEDUCTIONS

- (a) Enter the total New Hampshire Business Profits Tax and any income tax, franchise tax measured by net income or capital stock tax assessed by any state or political subdivision that was deducted on this year's federal return. Attach a schedule of taxes by state. Do not include the New Hampshire Business Enterprise Tax liability in this amount. Include foreign taxes based on income as reported on your federal Schedule K.
- (b) Enter the amount of carryforward loss available as shown on Line 11 of Form DP-132. **Form DP-132** must be attached to the return.
- (c) Enter the amount of gross business profits as is attributable to income derived from non-taxable interest on notes, bonds or other direct securities of the United States Government.
- (d) Enter the amount of jobs credit (IRC Section 280C) deducted on this year's federal return.
- (e) Expenses paid or incurred that relate to the excluded income portion must be added back here.
- (f) If the basis of any underlying assets was increased due to a transfer or sale of the interest or beneficial interest of the partnership, then enter the amount of the net increase in the assets. (The increase in the basis of assets is determined by the IRC as defined in RSA 77-A:1, XX).
- (g) For tax periods ending on or after 12/31/09, partnerships will no longer be subject to tax under RSA 77. However, all distributions to New Hampshire partners will be subject to tax under RSA 77.
- (h) Enter an addition equal to any return of capital previously taken as a deduction as a capital contribution made prior to 5/24/04 to a Qualified Investment Capital Company if such return of capital is received within 3 taxable periods after the taxable period in which it was deducted.
- (i) Compensation for personal services (see personal compensation worksheet).
Enter the value of the services performed by the partners during the taxable period. Only natural persons are permitted a deduction for personal services. Corporate partners or other entities which are partners are not permitted a deduction. Compensation is only allowed for the partners who actually render personal services to the business. The MINIMUM STATUTORY DEDUCTION OF \$6,000 IS ALLOWED TO EACH PARTNER WHO actually rendered services during the current taxable period. The Part-Comp worksheet should be used and attached to make this calculation. RSA 77-A:4 limits the MAXIMUM compensation deduction to the sum of the following amounts included in your federal income tax schedule after you consider the amount of income attributable to the return on business assets and the return on non-owner employees wages:
- (1) Ordinary income or loss from trade or business activities from Federal Form 1065, Schedule K;
 - (2) Income or loss from rental properties from Federal Form 1065, Schedule K;
 - (3) Guaranteed payments to partners from Federal Form 1065, Schedule K;
 - (4) Income or loss from activities in the regular trade or business of the partnership that are specifically allocated to the individual partners;
 - (5) Not to exceed 15% of the sales price as shown on Federal Form 4797, 6252 or other applicable federal forms for the sale of business assets provided the partner acted as the broker or agent and no other broker or agent was involved in the sale of the property.
 - (6) In instances where the partner(s) act(s) as a co-broker, the maximum deduction shall be the difference between the amount determined in (5) above and the amounts paid to other brokers or agents.

A business organization may utilize comparative compensation data from business organizations of similar size, volume and complexity from industry statistics or from publications such as the most current editions of the Occupational Outlook Handbook published by the US Department of Labor Statistics and available at www.bls.gov and the NH Wages and Benefits published by the NH Department of Employment Security and available at www.nhes.state.nh.us, as a reference point. **The partnership must maintain adequate records to substantiate**

the activities performed by each partner and the methods used to determine the rate of compensation for such activities.

- (j) Enter the amount of other additions and deductions required by RSA 77-A:4. Attach a Schedule.
- (k) Enter the total of Lines 6(a) through 6(j).

LINE 7: ADJUSTED GROSS BUSINESS PROFITS

Enter the total of Line 5 as adjusted by Line 6(k).

LINE 8: NEW HAMPSHIRE APPORTIONMENT

Partnerships which have business activity both inside and outside New Hampshire AND which are subject to income taxes, a franchise tax measured by net income or capital stock tax in another state, or is subject to the jurisdiction of another state to impose a net income tax or capital stock tax upon it, whether or not actually imposed by the other state, must apportion their gross business profits to New Hampshire by using Form DP-80, Apportionment of Income. Form DP-80 may be obtained by accessing our web site at www.nh.gov/revenue or by calling (603) 271-2192. After completing Form DP-80, enter the apportionment percentage on Line 8 of your Form NH-1065. Show to six decimal places. **All others enter 1.00 on Line 8.**

LINE 9

Enter the product of Line 7 multiplied by Line 8. **If negative, enter zero.**

LINE 10

Enter the product of Line 9 multiplied by 8.5%.

STEP 3: FIGURE YOUR CREDITS

LINE 11: Enter the amount of credits allowed under RSA 77-A:5, as shown on Form DP-160. **Form DP-160, Schedule of Business Profits Tax Credits, must be filed with the return to support all credits claimed on Line 12. DO NOT INCLUDE THE BET CREDIT ON THIS LINE.**

LINE 12

Enter the amount of Line 10 minus Line 11

LINE 13

Business Enterprise Tax paid shall be applied as a credit against Business Profits Tax. Any unused portion of the credit may be carried forward and allowed against Business Profits Tax due for up to 5 taxable periods from the period in which the Business Enterprise Tax was paid. To calculate the BET credit to be applied against this year's BPT, complete the BET Credit Worksheet.

LINE 14

Enter the lesser amount of Line 12 or Line 13. If Line 13 is greater than Line 12, then a Business Enterprise Tax Credit carryforward exists. Any unused portion of the current taxable periods Business Enterprise Tax Credit may be carried forward and credited against any Business Profits Tax due in a subsequent taxable period.

LINE 15

Enter the amount of Line 12 minus Line 14.

ENTER THE AMOUNT FROM LINE 15 ON LINE 1(b) OF THE BT-SUMMARY AND ATTACH ALL APPLICABLE FEDERAL SCHEDULES.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS PROFITS TAX RECONCILIATION OF NEW HAMPSHIRE
GROSS BUSINESS PROFITS SCHEDULE R INSTRUCTIONS

NAME & IDENTIFICATION NUMBER

At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year. PRINT the taxpayer's name, and identification number in the spaces provided. When taxpayers have been issued a DIN, they shall use their DIN only, and not their FEIN or SSN.

**INTERNAL REVENUE CODE (IRC) AND
NEW HAMPSHIRE RECONCILIATION**

The New Hampshire Legislature has not changed the current business tax laws to conform with the federal tax law changes. The Internal Revenue Code (IRC) reference remains the Code in effect on December 31, 2000. Therefore, if changes are used on your federal filing, business profits tax filers must recalculate their New Hampshire gross business profits utilizing the applicable NH Schedule R. A Schedule R has been provided in this booklet to assist businesses in recalculating their New Hampshire Gross Business Profits. The completed Schedule R for each business organization must be filed with the corresponding New Hampshire Business Tax return.

LINE 1

From your Federal return enter the amount from the following applicable line;

Federal entity type	Use line from federal form	
C-corp.	28	1120
S-corp.	21	1120S
Partnership	22	1065
Proprietorship	31	Schedule C
Trust	22	1041

LINE 2(a)

Limit the IRC § 179 expense to \$20,000, all amounts in excess of \$20,000 must be added back

LINE 2 (b)

Bonus depreciation is not a deduction because it is a post December 31, 2000 Internal Revenue Code amendment, all bonus depreciation must be added back.

LINE 2(c)

The domestic production activities deduction is a post December 31, 2000 Internal Revenue Code amendment, this deduction is added back in total.

LINE 2(d)

Enter other additions required due to revisions to the IRC in effect on December 31, 2000 and attach a brief description of the additions.

LINE 2(e)

Enter the sum of Line 2(a) through Line 2(d).

LINE 3(a)

Calculate the amount of depreciation that is allowable for the expenditures in excess of \$20,000 because the IRC Section 179 expense deduction was limited to \$20,000. Calculate the amount of depreciation allowable on bonus depreciation not allowed on assets purchased. The depreciation allowed by these adjustments are an annual allowance until fully depreciated or the assets are disposed of.

LINE 3(b)

Enter other deductions required due to revisions to the IRC in effect on December 31, 2000 and attach a brief description of the deductions.

LINE 3(c)

Total lines 3(a) and 3(b).

LINE 4

Enter Line 1 plus Line 2(e) minus Line 3(c).

Reminder - This schedule must be attached to your Business Profits Tax Return.

NH-1120 filers must complete the Schedule R, transfer Line 4 to Line 1(a) of the NH-1120 New Hampshire Gross Business Profits.

NH-1120-WE filers must complete Schedule R for each member of a combined group. Attach Form Schedule R for each entity. Summarize the members adjustments onto one combined Schedule R, transfer Line 4 to Line 1(a) of NH-1120-WE.

NH-1040 and NH-1065 must complete Schedule R for each business activity reported.

NH-1041 filers must complete Schedule R and transfer the amounts from Lines 2(e) and 3(c) to the NH-1041, Lines 1(g) and 2(l) respectively.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
CORPORATION BUSINESS PROFITS TAX RETURN
FORM NH-1120 INSTRUCTIONS

STEP 1: NAME & IDENTIFICATION NUMBER

At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year.

PRINT the taxpayer's name, Federal Employer Identification Number (FEIN), or Department Identification Number (DIN) code in the spaces provided.

STEP 2: QUESTIONS

Line A Check "yes" if the corporation files its tax return on an IRS approved 52/53 week tax year. If yes provide the beginning and ending period dates.

Line B Check "yes" if the corporation files with the IRS as part of a federal consolidated return.

Line C Check "yes" if the corporation is affiliated with any other business organization that files New Hampshire business tax returns.

Line D Check "yes" if the corporation files as part of a unitary group in any other jurisdiction.

Line E New Hampshire requires business organizations that are conducting a unitary business inside and outside New Hampshire to file a combined business profits tax return. (A member of the unitary group must be subject to tax in another jurisdiction.) There is a New Hampshire Combined Business Tax booklet with information, forms and instructions specifically for combined groups. Combined groups are **required to use Form NH-1120-WE** which can be obtained from our web site at www.nh.gov/revenue or by calling (603) 271-2192.

STEP 3: FIGURE YOUR TAX

LINE 1: GROSS BUSINESS PROFITS

IRC RECONCILIATION: Check the box and complete the Schedule R to reconcile federal taxable income to NH taxable income based on the IRC in effect on December 31, 2000.

- (a) If you checked the IRC Reconciliation box, Line 4 of the Schedule R is entered here. If not, enter the amount of taxable income or loss before application of the net operating loss deduction or other special deductions from the federal corporate tax return (Line 28). "S" Corporations including qualified subchapter "S" subsidiaries are required to complete Form DP120, Computation of "S" Corporation Gross Business Profits. Other corporations filing special federal corporate tax returns must include the income that is comparable to a Subchapter "C" corporation's taxable income before net operating loss deduction and special deductions. Corporations who file a consolidated federal return must include the amount which would have been shown as their taxable income before net operating loss deduction and special deductions if they were not part of the federal consolidated group and a separate return had been required.
- (b) Enter the amounts which arise from the necessity of adjusting gross business profits to accommodate the New Hampshire requirement of separate entity treatment for business organizations. Other items of income could be passive activity adjustments, and items of income or expense related to treatment of these items that may be inconsistent with State tax treatment.
- (c) Enter the total of Lines 1(a) and Line 1(b). If this total is negative, this amount represents the organizations net operating loss available or future deduction may be subject to apportionment provisions.

LINE 2: ADDITIONS AND DEDUCTIONS

- (a) Enter the total New Hampshire Business Profits Tax and any income tax, franchise tax measured by net income or capital stock tax assessed by any state or political subdivision that was deducted on this year's federal return. Attach a schedule of taxes by state. Do not include the New Hampshire Business Enterprise Tax liability in this amount.
- (b) Enter the amount of carryforward loss available as shown on Line 11 of Form DP-132. **Form DP-132 must be attached to the return.**
- (c) Enter the amount of gross business profits as is attributable to income derived from non-taxable interest on notes, bonds or other direct securities of the United States.
- (d) Enter the amount of the jobs credit (IRC Section 280C) deducted on this year's federal return.

- (e) Enter the amount of gross business profits that is attributable to foreign dividend gross-ups as determined in accordance with IRC Section 78.
- (f) Expenses paid or incurred that relate to the constitutionally exempt income must be added back here.
- (g) In the case of a business organization which makes qualified research contributions as defined in RSA 77-A:1,X, the gross business profits shall be adjusted by: (a) adding to gross business profits the amount deducted under IRC Section 170 in arriving at federal taxable income; and (b) deducting from gross business profits an amount equal to the sum of the taxpayer's basis in the contributed property plus 50 percent of the unrealized appreciation, or twice the basis of the property, whichever is less.
- (h) For taxable periods ending on or after 12/31/09, an LLC that has elected to be taxed as a corporation will no longer be subject to tax under RSA 77. However, all distributions to New Hampshire members will be subject to tax under RSA 77.
- (i) Enter an addition equal to any return of capital previously taken as a deduction pursuant to RSA 77-A:4, XVII as a capital contribution to a Qualified Investment Capital Company if such return of capital is received within 3 taxable periods after the taxable period in which it was deducted.
- (j) Enter the total of Lines 2(a) through 2(i) on Line 2(j). Show negative amounts in parenthesis, e.g. (\$50).

Line 3: ADJUSTED GROSS BUSINESS PROFITS

Enter the total of Line 1(c) adjusted by Line 2(j). Show negative amounts in parenthesis, e.g. (\$50).

Line 4: NEW HAMPSHIRE APPORTIONMENT

Corporations which have business activity both inside and outside New Hampshire AND which are subject to income taxes, a franchise tax measured by net income or capital stock tax in another state, or is subject to the jurisdiction of another state to impose a net income tax or capital stock tax upon it, whether or not actually imposed by the other state, must apportion their gross business profits to New Hampshire by using Form DP-80, Apportionment of Income. After completing the Form DP-80, enter the apportionment percentage on Line 4 of your Form NH-1120. Show to six decimal places. **All others enter 1.00 on Line 4.**

Line 5

Enter the product of Line 3 multiplied by Line 4. If negative, enter zero.

Line 6

Enter the product of Line 5 multiplied by 8.5%.

STEP 4: Figure Your Credits

Line 7: CREDITS

Enter the amount of credits allowed under RSA 77-A:5 as shown on Form DP-160. **Form DP-160, Schedule of Business Profits Tax Credits, must be filed with the return to support all credits claimed on Line 7. Do not include the Business Enterprise Tax Credit on this line.**

Line 8

Enter the amount of Line 6 minus Line 7.

Line 9

Business Enterprise Tax paid shall be applied as a credit against Business Profits Tax. Any unused portion of the credit may be carried forward and allowed against Business Profits Tax due for up to five taxable periods from the period in which the Business Enterprise Tax was paid. To calculate the Business Enterprise Tax credit to be applied against this years Business Profits Tax, complete the BET-Credit Worksheet.

Line 10

Enter the lesser amount of Line 8 or Line 9. If Line 9 is greater than Line 8, then a Business Enterprise Tax Credit carryforward exists. Any unused portion of the current tax periods credit may be carried forward and credited against any Business Profits Tax due in a subsequent taxable period following the taxable period of the BET liability.

Line 11

Enter the amount of Line 8 minus Line 10.
Enter the amount from Line 11 on Line 1(b) of the BT-Summary.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
COMBINED BUSINESS PROFITS TAX RETURN
FORM NH-1120-WE INSTRUCTIONS

STEP 1: NAME & IDENTIFICATION NUMBER

At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year. PRINT the taxpayer's name, or identification number in the spaces provided. Federal Employer Identification Number and Social Security Numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever federal employer identification numbers are required, taxpayers who have been issued a DIN, shall use their DIN only, and not their SSN or FEIN.

STEP 2: QUESTIONS

- Line A Check "yes" if the business organization files its tax return on an IRS approved 52/53 week tax year. If yes, provide the beginning and ending period dates.
- Line B Check "yes" if the business organization files as part of a unitary group in any other jurisdiction.
- Line C Check "yes" if the business organization has been found to be unitary by any other jurisdiction regardless of its filing status in that jurisdiction.
- Line D Check "yes" if the business organization is affiliated with any other business organization not included within this combined return that files business tax returns with the Department.

STEP 3: FIGURE YOUR TAXES

IRC Reconciliation: Check box and complete the Schedule R.

LINE 1: NEW HAMPSHIRE COMBINED NET INCOME

- (a) Enter Combined Net Income from NH-1120-WE, Schedule I, Line 9. If you checked the IRC Reconciliation box, Line 4 of the Schedule R is entered here.
- (b) Enter the amounts, which arise from the necessity of adjusting gross business profits to accommodate the New Hampshire requirement of separate entity treatment for business organizations. Other items of income could be passive activity adjustments, and items of income or expense related to treatment of these items that may be inconsistent with State tax treatment.
- (c) Enter the amount of Line 1(a) adjusted by Line 1(b). If negative, show in parenthesis, e.g. (\$50). If Line 1(c) shows a loss AND there are two or more New Hampshire nexus members in the combined group, then the New Hampshire net operating loss (NOL) carryforward available for future deduction must be allocated amongst the members of the combined group in accordance with N.H. Code of Admin. Rules, Rev. 303.03. The loss must be reported on Form DP-132-WE, Combined Net Operating Loss (NOL) Deduction, for the year in which the deduction is claimed.

Administrative Rules and Statutes for the Business Enterprise Tax and the Business Profits Tax as well as NOL provisions are available on our web site at www.nh.gov/revenue, within the laws and rules section. If you have specific questions concerning net operating loss provisions for combined filers contact the NH DRA, PO Box 457, Concord, NH 03302-0457, telephone (603) 271-2191. Individuals with hearing or speech impairments may call TDD Access Relay NH 1-800-735-2964.

- (d) Foreign Dividends [RSA 77-A:3, II(b)] that are from overseas business organization payors must be included in Line 1(a) above in order to be deducted here. This amount must equal the total of column B on Schedule III. Failure to complete page 2 of the return and Schedules II and III could result in the inclusion of dividend income without factor relief or worldwide combination.
- (e) Line 1(c) adjusted by Line 1(d). Show negative amount in parenthesis, e.g. (\$50).

LINE 2: ADDITIONS AND DEDUCTIONS

- (a) Enter the total New Hampshire Business Profits Tax and any income tax, franchise tax measured by net income or capital stock tax assessed by any state or political subdivision that was deducted on this year's federal return. Do not include the New Hampshire Business Enterprise Tax liability in this amount. Attach a schedule of taxes by state.(b) Enter the amount of carryover loss available as shown on Line 12 of Form DP-132-WE. Form DP-132-WE must be attached to the return. Refer to the instructions on the reverse side of Form DP-132-WE for the NOL carryover restrictions and allocation provisions.
- (c) Enter the amount of gross business profits as is attributable to income derived from non-taxable interest on notes, bonds or other direct securities of the United States government.
- (d) Enter the amount of the jobs credit [IRC Section 280C(a)] deducted on this year's federal return.

- (e) Enter the amount of gross business profits that is attributable to foreign dividend gross-up as determined in accordance with IRC Section 78.
- (f) In the case of a business organization which makes qualified research contributions as defined in RSA 77-A:1, X, the gross business profits shall be adjusted by: (a) adding to gross business profits the amount deducted under IRC Section 170 in arriving at federal taxable income; and (b) deducting from gross business profits an amount equal to the sum of the taxpayer's basis in the contributed property plus 50 percent of the unrealized appreciation, or twice the basis of the property, whichever is less.
- (g) Enter an addition equal to any return of capital previously taken as a deduction pursuant to RSA 77-A:4, XVII as a capital contribution to a Qualifying Investment Capital Company if such return of capital is received within 3 taxable periods after the taxable period in which it was deducted. Attach a schedule listing name, FEIN and the amount paid.
- (h) Enter the total of Lines 2(a) through 2(g) on Line 2(h), showing negative amounts in parenthesis, e.g. (\$50).

LINE 3: ADJUSTED GROSS BUSINESS PROFITS

Enter the total of Line 1(e) as adjusted by Line 2(h). Show negative amounts in parenthesis, e.g. (\$50).

LINE 4: NEW HAMPSHIRE APPORTIONMENT

Complete Form DP-80, Schedule A, Apportionment of Income. Enter resulting apportionment on Line 4 of your Form NH-1120-WE, expressed as a decimal to six places. Form DP-80 must be attached to Form NH-1120-WE.

LINE 5: Enter the product of Line 3 multiplied by Line 4.

LINE 6: Enter the New Hampshire foreign dividends taxable business profits from Schedule II, Line 7.

LINE 7: Enter the sum of Line 5 plus Line 6.

LINE 8: Enter the product of Line 7 multiplied by 8.5%.

STEP 4 FIGURE YOUR CREDITS

LINE 9: CREDITS

Enter the amount of credits allowed under RSA 77-A:5. **Form DP-160-WE, Schedule of Business Profits Tax Credits, must be filed with the return to support all credits claimed on Line 9.** Do not include the BET credit on this line.

LINE 10: Enter the amount from Line 8 minus Line 9.

LINE 11: BUSINESS ENTERPRISE TAX CREDIT

Business Enterprise Tax paid shall be applied as a credit against Business Profits Tax. Any unused portion of the credit may be carried forward and allowed against Business Profits Tax due for up to 5 taxable periods from the period in which the Business Enterprise Tax was paid. To calculate the BET credit to be applied against this year's Business Profits Tax, complete the BET-Credit Worksheet.

LINE 12: Enter the lesser amount of Line 10 or Line 11. If Line 11 is greater than Line 10, then a Business Enterprise Tax credit carryforward exists. Any unused portion of the current period's Business Enterprise Tax Credit may be carried forward and credited against any Business Profits tax due in a subsequent taxable period following the tax period of the BPT liability.

LINE 13: Enter the amount of Line 10 minus Line 12.

ENTER THE AMOUNT FROM LINE 13 ONTO LINE 1(b) OF THE BT-SUMMARY FORM.

WATER'S EDGE COMBINED GROUP BUSINESS PROFITS TAX AFFILIATION SCHEDULE INSTRUCTIONS.

Form NH-1120-WE Affiliation Schedule replaces Form AU-20. It must be completed in its entirety and submitted with the NH-1120-WE. This page identifies the principal New Hampshire business organization, as defined in Rev 301.24, other members of the Water's Edge Combined Group, as defined in RSA 77-A:1 and those affiliates excluded from the group as non-unitary or qualified overseas business organizations as defined by RSA 77-A:1.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
APPORTIONMENT OF FOREIGN DIVIDENDS
FORM NH-1120-WE SCHEDULE II
INSTRUCTIONS

Schedule II is used to compute the modified apportionment percentage needed to determine the amount of foreign dividends, as defined by RSA 77-A:1, XVII, which are to be included in the New Hampshire Taxable Business Profits for the water's edge combined group. Prior to completing Schedule II, you must first complete Form DP-80 for the combined group and Schedule III.

NAME & IDENTIFICATION NUMBER

At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year. PRINT the taxpayer's name, federal employer identification number, social security number, or department identification number in the spaces provided. Federal Identification Numbers and Social Security Numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever social security numbers or federal employer identification numbers are required, taxpayers who have been issued a DIN, shall use their DIN only, and not their SSN or FEIN.

LINE 1

Complete the Form DP-80 and enter the amount of Everywhere and New Hampshire sales, payroll, and property on Lines 1(a), 2(a), and 3(a) respectively on the NH-1120-WE, Schedule II.

LINE 2

Complete Schedule III. The Foreign Dividend Factor Increments calculated on Schedule III for sales, payroll, and property must be carried to Schedule II as follows:

1. Enter the total of Schedule III, column L on Line 1(b).
2. Enter the total of Schedule III, column M on Line 2(b).
3. Enter the total of Schedule III, column N on Line 3(b).

Note: The New Hampshire amount for Foreign Dividend Factor Increments will always be zero.

LINE 3

Total Everywhere and New Hampshire sales Line 1(c), payroll Line 2(c), and property Line 3(c) to obtain denominators and numerators for each. Complete the following calculations, as done for Form DP-80, expressed in decimal form and computed to 6 places.

1. Divide the total New Hampshire sales by the adjusted Everywhere sales. Multiply Line 1(d) by 2 to arrive at the adjusted sales factor and enter this amount on Line 1(e).
2. Divide the total New Hampshire payroll by the adjusted Everywhere payroll to arrive at the adjusted payroll factor and enter this amount on Line 2(d).
3. Divide the total New Hampshire property by the adjusted Everywhere property to arrive at the adjusted property factor and enter this amount on Line 3(d).

LINE 4

Add Lines 1(e), 2(d), and 3(d) and enter the sum on Line 4.

LINE 5

Divide Line 4 by 4.

If there are less than 3 factors with an "Everywhere" denominator, then divide Line 4 as follows:

- Sales/Receipts and Payroll- divide by 3
- Sales/Receipts and Property- divide by 3
- Payroll and Property- divide by 2
- Sales/Receipts only- divide by 2
- Property OR Payroll only- divide by 1

Enter the results of your calculation on Line 5. This is the modified apportionment percentage to be applied to taxable foreign dividends.

LINE 6

Enter the amount of taxable foreign dividends on Line 6. This amount must agree with NH-1120-WE, page 1, Line 1(d) and the total of Schedule III, column B.

LINE 7

Multiply Line 6 by the modified apportionment percentage on Line 5. This is the New Hampshire Foreign Dividends Taxable Business Profits. Enter this amount on Line 7 and also on NH-1120-WE, page 1, Line 6.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
FOREIGN DIVIDEND FACTOR INCREMENTS
FORM NH-1120-WE SCHEDULE III
INSTRUCTIONS

New Hampshire law provides factor relief for the dividends received from overseas business organizations as defined in RSA 77-A:1, XIX. In order to obtain factor relief, a separate apportionment percentage for foreign dividends must be calculated.

NAME & IDENTIFICATION NUMBER

At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year. PRINT the taxpayer's name, federal employer identification number (FEIN), social security number (SSN), or department identification number (DIN) in the spaces provided. Federal Employee Identification Numbers and Social security numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever social security numbers or federal employer identification numbers are required, taxpayers who have been issued a DIN, shall use their DIN only, and not their SSN or FEIN.

COLUMN A

List in column A the unitary foreign dividend payors whose dividends qualify for factor relief, including those from:

New Hampshire 80/20 business organization as defined in Rev 301.12 is an entity whose income is included in a consolidated US income tax return but whose activities are primarily outside the US because 80 percent or more of the average of **payroll** and **property** is outside the 50 states and the District of Columbia.

Controlled foreign corporations (CFC) that meet the **payroll** and **property** requirements of an overseas business organization as defined in RSA 77-A:1, XIX.

IRC Section 936 Sales Companies that meet the **payroll** and **property** requirements of an overseas business organization.

Foreign sales corporation (FSC) that meet the **payroll** and **property** requirements of an overseas business organization.

Business organizations meeting the **payroll** and **property** requirements of an overseas business organization which made deemed dividends to a member of the unitary group.

**FOR EACH UNITARY DIVIDEND PAYOR LISTED ABOVE,
PROVIDE THE FOLLOWING INFORMATION IN US
DOLLARS:**

COLUMN B

Enter the amount of the dividend paid or deemed paid.

COLUMN C

Enter the taxable income computed using US tax standards.

COLUMN D

Enter the result of column B divided by column C, expressed as a decimal to 6 places. If this amount is greater than 1, enter 1.000000. If this amount is less than zero, enter zero.

COLUMN E

Enter the sales and receipts less returns and allowances pursuant to RSA 77-A:3, I(c). Refer to Rev 304.

COLUMN F

Enter the total payroll pursuant to RSA 77-A:3, I(b). Refer to Rev 304.

COLUMNS G & H

Enter the beginning and ending property valued at original cost pursuant to RSA 77-A:3, I(a). Refer to Rev 304.

COLUMN I

Enter the results of the sum of Column G and Column H divided by 2.

COLUMN J

Enter the valuation of rented property valued at 8 times the net annual rental rate pursuant to RSA 77-A:3, I(a). Refer to Rev 304.02.

COLUMN K

Enter the total of Columns I and J.

COLUMNS L, M & N

Enter the product of Column D multiplied by Columns E, F and K, respectively.

The total of Columns L, M and N will be used on Schedules II, Lines 1(b), 2(b) and 3(b) to modify the apportionment percentage used to determine the amount of foreign dividends from unitary sources subject to New Hampshire Business Profits Tax.

USE ADDITIONAL SHEETS IF NECESSARY

TO MAKE YOUR PAYMENT ONLINE, ACCESS OUR WEB SITE AT
www.nh.gov/revenue

1 Who Must Pay Estimated Tax

Every entity required to file a Business Profits and/or Business Enterprise Tax return must also make estimated tax payments for each individual tax for its subsequent taxable period unless the annual estimated tax for the subsequent taxable period for each individual tax is less than \$200. However, quarterly payments are required to be made whenever your **annual** estimated tax for the subsequent taxable period equals or exceeds \$200 for either tax. (See paragraph 6 for exceptions).

RECOGNITION OF CIVIL UNION (CU PARTNERS)

New Hampshire recognizes civil unions. RSA 457-A: Parties who enter into civil unions are entitled to all the rights and subject to all the obligations and responsibilities provided for in state law that apply to parties who are joined together under RSA 457.

2 Where to Make Payments

Make estimated tax payments on line at www.nh.gov/revenue or mail estimated tax payments to:

NH DRA (NH DEPT OF REVENUE ADMINISTRATION)
PO BOX 637
CONCORD NH 03302-0637

3 When to Make Payments

CALENDAR YEAR FILERS:

- 1st quarterly payment due April 15, 2010
- 2nd quarterly payment due June 15, 2010
- 3rd quarterly payment due September 15, 2010
- 4th quarterly payment due December 15, 2010

FISCAL YEAR FILERS:

A quarterly payment is due on or before the 15th day of the 4th, 6th, 9th, and 12th months of the taxable period to which they relate.

FISCAL YEAR FILERS MUST ENTER THE TAX PERIOD ON EACH ESTIMATE FORM.

4 Payment of Estimated Tax

Estimated tax may be paid in full with the initial declaration or in installments on the due dates. If paying in full, only one payment form is required.

You may make all four estimate payments at one time over the Internet. Specify each date you want a payment to be made from your account and each payment will be withdrawn on the date you specified.

5 Underpayment Penalty

A penalty may be imposed by law (RSA 21-J:32) for an underpayment of estimated taxes if the payments are less than 90% of that period's tax liability. If estimate payments are not made on time, even if 90% of the tax is eventually paid, an underpayment penalty may be applied. If an estimated payment is missed, send the payment as soon as possible to reduce any penalty.

This penalty will not be imposed if any of the statutory exceptions apply. See Form DP-2210/2220.

6 Exceptions to the Underpayment Penalty

The penalty shall not apply if you meet one of the exceptions provided in the law (RSA 21-J:32). Use Form DP-2210/2220 to see if you meet one of the exceptions or to compute the amount of the penalty.

7 Need Help?

QUESTIONS not covered herein may be answered in our Frequently Asked Questions (FAQ) brochure available on our web site at www.nh.gov/revenue or by calling Central Taxpayer Services at (603) 271-2191.

